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FOUR CASES OF TULARAEMIA (THREE FATAL) WITH CONJUNCTIVITIS

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A double burial of father and daughter occurred July 7, 1925, in the L. family living on Wallen Creek, Lee County, Virginia. A son had been buried two days before. All had died of tularaemia, having been ill only 8 days, 8 days, and 6 days, respectively.

A daughter 6 years of age was the sole survivor of the outbreak, the four having become ill within a 24-hour period June 28-29. The

mother and three other children remained well.

Accurate data bearing on the direct source of infection and its mode of entry into the body are lacking, due to an unusual premeditated reticence on the part of the mother. She would give no essential information other than that a common article of food on the family table had been rabbits which the dog had caught in the field; that the rabbits were dressed either by her husband or by herself; that they were fried in grease and eaten by all members of the family except herself; that the cat had often caught rabbits, some of which were nearly full grown, and had brought them in for her kittens. From one apparently authentic source information was obtained that an epidemic among rabbits had occurred on Wallen Creek in May, 1925.

The father (Mr. P. J. L.), age 37 years, his daughter (C. L.), age 7 years, and his son, age 2 years, became suddenly ill on the evening of June 28, 1925, and another daughter (N. B. L.), age 6, became ill on the evening of June 29. The onset in all cases was sudden and accompanied with fever; the father was nauseated, complained of headache, and had chills, the three children vomited, and the boy,

in addition, had convulsions.

Within 24 hours after the onset, all had axillary temperatures of 103° to 104° F., conjunctivitis, and swollen lymph glands in the region of the parotid gland which were bilateral except in the case of N. B. L., in which the swelling was leftsided; in the cases of C. L. and the son the eyelids were so swollen as to require separation by the fingers in order to view the sensitive globe; there was some exudate escaping from the eyes. There was no skin eruption, nor throat symptoms other than some redness.

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During a consultation of two physicians on July 2 the father was delirious and the children were stuporous. The cervical and axillary lymph glands were much enlarged in all the cases; the inguinal glands were not involved; all had temperatures between 103° and 104° F.; there was no evidence of lung involvement; there was no rigidity or spasticity suggestive of meningitis. All manifested the picture of an extreme grade of febrile intoxication.

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The father, one daughter (C. L.), and the son grew progressively worse; the son died July 4, and the father and daughter died July 6. All were buried without necropsy having been performed in any

case.

The sole survivor (N. B. L.) was visited in her home a few hours after the burials on July 7. Her temperature was 102.8° F., the left eye was swollen, there was marked enlargement of the lymph glands in the left superior cervical region, the throat was slightly reddened, and there was no skin rash. She was conscious but apathetic.

ISOLATION OF CULTURE FROM THE SURVIVOR

Swabs taken from the throat and nose of N. B. L. on July 7 were used to inoculate culture media, and on the following day the swabs were washed in saline solution and the pooled washings were used for subcutaneous inoculation of a guinea pig, which died July 13 with typical lesions of tularaemia in the spleen and liver. Portions of the spleen and liver were kept in glycerin in the ice box until July 17 and then rubbed on the shaved, abraded skin of the abdomen of a guinea pig, which died July 22 with the typical lesions of tularaemia, viz. spotted condition of the spleen and liver and caseation of the inguinal lymph glands. The spleen, liver, lungs, and inguinal glands were placed in pure undiluted glycerin and sent to the Hygienic Laboratory, United States Public Health Service, at Washington. They arrived July 24 and were injected subcutaneously into four sets of guinea pigs, two guinea pigs being used for each kind of tissue. Six of the guinea pigs died acutely with typical lesions of tularaemia—those receiving the spleen tissue remaining well. fers were made by subcutaneous injection and by scarification from the above-mentioned 6 guinea pigs to 14 others, all of which died with typical lesions of tularaemia from which Bacterium tularense was isolated in pure culture on coagulated egg yolk and glucose cystine agar.

On August 4, 1925, N. B. L. and her mother were visited. The child's condition was much improved since last seen on July 10, on which date she was unable to see with her left eye; her sight now seemed normal. Her mother stated that a swelling appeared beneath the left eye about July 7 and ruptured into her nose on July 16, when

a "tablespoonful of corruption" escaped from her left nostril, which continued to discharge for several days, during which time the swelling

rapidly disappeared.

Examination showed a small, elongated, slightly tender swelling extending downward from the inner canthus of the left eye in the line of the lachrymal duct (purulent dacryocystitis). The conjunctiva of both eyes were clear. A slightly tender, fluctuating tumor about 1 by 11/2 inches was present at the angle of the left jaw (parotid lymph gland). Further forward, on the line of the body of the jaw, was another swollen and much firmer gland (submaxillary lymph gland). There was no definite enlargement of the lower cervical and axillary glands. Results of examination of the mouth and throat were negative, but the examination was unsatisfactory because the child could not open the mouth very far. The child was somewhat emaciated, weighed about 30 pounds, and had a listless expression; axillary temperature was 102° F. Bloody purulent fluid obtained August 4 by incision of the abscess at the angle of the jaw was tested . at the Hygienic Laboratory by injection subcutaneously into guinea The pigs remained well.

Agglutination.—Blood serum collected August 4 from N. B. L. was tested at the Hygienic Laboratory and found to agglutinate *Bacterium tularense* in all dilutions from 1:10 to 1:1280, but not in higher dilutions.

Noncontagiousness.—Four members of the family remained well. The neighbors passed freely to and from the house during the illness. Both burials were public, and each was attended by about 50 persons. There was no serious illness in the neighborhood before or after the outbreak.

Conjunctival inoculation.—Guinea pigs and rabbits, into the conjunctival sacs of which minute amounts of virulent cultures of Bacterium tularense were gently dropped, care being taken to avoid all irritation of the conjunctiva, developed severe conjunctivitis and enlargement and caseation of the regional lymph glands and died acutely with typical lesions of tularaemia. The culture employed was one obtained from the case N. B. L.

Insufficient cooking.—An experimental rabbit dead of tularaemia was skinned; the femero-pelvic joints were divided; the feet were discarded, and a transverse division was made through the upper lumbar region, thus giving three muscular pieces for frying; these pieces were rolled in graham flour and fried in grease in a pan over a hot gas flame for 10 minutes. When thought to be sufficiently cooked, as evidenced by a brown crust, the pieces were carved with a knife, the successive layers of muscle appearing white and cooked until very near the bone some red strands of muscle were seen, surrounded by red juice; the red muscle was injected into two guinea

pigs and the red juice was injected subcutaneously into four pigs, all of which died acutely with typical lesions of tularaemia.

One can not escape the conclusion that an infected rabbit, if

insufficiently cooked, would be dangerous as food.

Thermal death point.—Heating at 56° to 58° C. kills the organism in cultures and in spleen tissue in 10 minutes. Sufficient cooking renders infected tissues harmless as food.

SUMMARY AND CONCLUSION

Tularaemia was demonstrated by animal inoculation and by cultural and serological methods in the sole survivor of an outbreak of a glandular febrile affection with conjunctivitis occurring in four members of a family, three of whom died without tests for tularaemia having been made, either before or after death.

The four cases became ill within a 24-hour period and, clinically, they constituted a group which presented the same symptoms and

little short of the same course and termination.

Although details as to the source and method of infection are wanting, there is abundant evidence of contact with rabbits, and the proof of the cause of illness of one of the group justifies the conclusion that all were cases of tularaemia.

Whether certain members of the family in dressing infected rabbits transferred the infection by their hands to their conjunctiva or whether insufficiently cooked rabbit was eaten are matters of conjecture only, but the evidence seems to point to primary infection of the conjunctivae.

Acknowledgments.—To Dr. B. T. Young, Duffield, Va.; Dr. C. W. Young, Pennington Gap, Va.; and Dr. W. R. Culbertson, health officer of Norton, Va., we are indebted for clinical observation of the

A COMMUNITY HEALTH PROGRAM 1

By HUGH S. CUMMING, Surgeon General, United States Public Health Service

In our present highly developed civilization, the complexities of community existence have added many difficult problems in the management of municipal affairs. The growth of large centers of population led to many political, economic, and social relations that have taxed our administrative abilities. Out of all the problems that have concerned mankind during all the ages, health has been a very important factor in determining the progress of human affairs.

The history of medicine reaches back to the early ages, when magic, evil spirits, and religious superstitions pervaded the teachings of those

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¹ Address given before the Mid-Atlantic Division of the American Nurses Association, Washington, D.C., Dec. 3, 1925.

periods. The fetters of these traditions have finally been broken, although their influence has not been entirely removed.

In order fully to appreciate the present status of public health work, certain of the circumstances that have determined the course of events during the past 50 years should be kept in mind.

THE PUBLIC HEALTH MOVEMENT

Fifty years ago, the "filth theory of disease" had dominated, for generations, practically all health work. Sanitation of the environment and shotgun quarantine methods were relied upon to control epidemics. Some attention, however, had been given to water supplies and sewage disposal. The removal of garbage and the abatement of nuisances of all sorts occupied a prominence out of all proportion to their real importance. A beginning had been made in the registration of births and deaths.

Twenty-five years later the influence of the "germ theory of disease" had introduced a more scientific attempt to combat the spread of communicable diseases. The specific causes of many of the more important of these diseases had been demonstrated and our knowledge of bacterial and parasitic infections was increasing. Disinfection played a prominent rôle during this period.

Today, at the close of the first half-century of the modern public health movement, we have a very considerable knowledge of communicable diseases and immunity. We have recognized the importance of infant welfare and school health supervision, and the physician, the sanitary engineer, and the nurse are slowly displacing the old-style sanitary policeman. We are beginning to apply scientific methods of research to many of the problems of administrative health practice.

There have been three rather distinct phases or tendencies that have characterized the public health movement and influenced the general trend of administrative practice. The first period of suppression preceded the second era of prevention. A third phase, that of health promotion, is already gaining ground.

LACK OF STANDARD PRACTICE

Our principles of local self-government have encouraged each community to administer its own affairs quite independently. The States, under the provisions of the Constitution, reserved to themselves certain so-called "police powers," which are the authority for the regulation of the internal affairs of the State, including the health, happiness, and comfort of its inhabitants. In turn, the State delegates certain prerogatives of its police powers concerning health to the local governments, which organize and administer their affairs with only certain minimum restraints from the State.

As a result of this system of government, each community has provided itself with a public health service that was intended to meet local conditions and requirements.

A comparatively recent survey of the 100 largest cities in the United States was conducted by the United States Public Health Service, cooperating with a committee of the American Public Health Association, and a somewhat similar survey of 86 cities was completed in 1924 by the American Child Health Association.

A review of the information collected by these surveys warrants the conclusion that while there has been considerable progress in administrative health practice, there is still found a striking lack of uniformity in practically every activity of local health service. Many of the methods and procedures intended to accomplish the same purpose are obviously inconsistent and frequently are not in accord with our present knowledge.

ATTEMPTS TO STANDARDIZE PUBLIC HEALTH PRACTICE

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During the past few years, several attempts have been made to establish the relative values of the more important activities of municipal health services. The tendency has been to set up arbitrary standards of practice and to devise a sort of "yardstick" that would measure the relative values of the various procedures.

In the endeavor to encourage a healthy competition and bring about better health service generally, the Committee of the American Public Health Association, with the assistance and cooperation of other agencies and a group of interested local health officers, finally adopted a tentative "Appraisal Form for City Health Work."

It is too early to make any predictions concerning the possible benefits to public health work that may follow such a method of scoring. If it succeeds in encouraging a desire for careful selfanalysis and comparative studies of present methods and practices, it will render a very real service.

Recognizing the possible value of standardization, when the items involved are subject to values that can be definitely determined, the temptation to standardize should not distract attention from the necessity for careful research and scientific investigation of the facts concerned in the methods now in use or that may be developed in the future. The true relative value of many of these activities can be demonstrated only by careful investigation and interpretation of all the information and data that can be collected. It is only by this process of scientific study, that real progress will be made. Revisions and reorganizations of existing practices should be attempted only on this basis.

URGENT NEED FOR CAREFUL RESEARCH

Several of the more fundamental principles of public health practice have already been quite definitely standardized or rather universally adopted. Reference is made to such items as the standard certificates for births and deaths; the international classification of the causes of deaths; the model law for morbidity reporting; the proposed standard methods for the control of communicable diseases; standard methods for the examination of water and sewage, milk and shellfish; and certain standards to determine the purity and potency of vaccines, antitoxins, and analogous products.

There are many other problems involved in modern public health work concerning which there exists rather universal agreement as to principle or theory, based largely upon "common consent" or "average experience," but these opinions are often unsupported by careful scientific proof. Before any of these theories or principles can be satisfactorily established, all the available information and data must be collected and interpreted. Out of the experiences of large groups of cities, there is already accumulating an enormous mass of data which, if properly interpreted, would bring about a revision of many of the ideas and theories that are now influencing the general trend of many activities.

Every health officer and all professional personnel engaged in public-health work should learn to develop this spirit of scientific inquiry.

SEARCH FOR AN "IDEAL" HEALTH ORGANIZATION

When anyone attempts to propose an "ideal" plan of organization for adequate community health service for a city of a given size, it might seem logical to review the records of a group of apparently progressive communities and to pick out the city with the most highly developed service and offer that as the ideal or standard for the group. In attempting to do this, one would soon reach the inevitable conclusion that no two cities have followed the same scheme of organization.

The exact plan of local health service that will fulfill all the essential requirements of any selected community must be adapted to the circumstances and conditions peculiar to that community. Because of climatic, geographic, political, social, racial, economic, or other purely local characteristics, the vital health problems of one city may well differ from the particular problems that are of special concern to some other city. This idea has led at times to the conclusion that it is impracticable to propose any standard or uniform basis for health department organization..

As a matter of fact, however, many of the obstacles to be overcome in developing an adequate and comprehensive plan for community health service are imaginary rather than real ones. Man is subject to certain diseases and disturbances that obey rather fixed laws. irrespective of purely local conditions.

In spite of such considerations, the essential public health problems in different cities differ not so much in their nature as in the comparative magnitude of the problems presented. There are certain basic requirements that should be fulfilled in practically every community. so that it is possible, therefore, to propose a more or less "ideal" health service that will at least represent minimum requirements.

A CITY OF 100,000

In the report on the surveys of 1920, prepared by the American Public Health Association, there was presented a plan for an "ideal" health department for a city of 100,000 population. This plan represented, in the opinion of the authors, the best current practice in each special line of activity, based on the average practice in the 83 large cities, or on the practice of cities which appeared to excel in some particular activity. The details of this proposed minimum standard for the larger cities were clearly set forth.

FOR A CITY OF 50,000

In the recently published report on the survey of the 86 smaller cities by the American Child Health Association there is included a somewhat similar plan of organization for a city of 50,000 population.

In both of these plans the same essential items of service are included, and the scheme of organization for the central health department is quite similar. In general, the plan of organization includes the following administrative divisions, the designation of which indicates the principal functions that are included:

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HEALTH DEPARTMENT ORGANIZATION

- 1. Bureau of Administration:
 - (a) Administration.
 - (b) Vital statistics.
 - (c) Public health education.
- 2. Bureau of Communicable Disease Control:
 - (a) Tuberculosis.
 - (b) Venereal diseases.
 - (c) Epidemiology (other preventable diseases).
- 3. Bureau of Child Hygiene:
 - (a) Maternal and prenatal care.
 - (b) Infant and preschool welfare.
 - (c) School health supervision.
- 4. Bureau of Laboratories.
- 5. Bureau of Public Health Nursing.
- 6. Bureau of Milk and Food Control. in developing on adacusts and even
- 7. Bureau of General Sanitation.

In such a plan of organization, there are included the essential basic functions of an adequate community health service. They represent legitimate obligations of the central government, although in practice it is frequently found that several of these activities are actually carried on either by voluntary agencies or by some division of government other than the health department. For example, voluntary agencies, such as visiting nurse associations, antituberculosis societies, and the like, still furnish more or less of the service provided in many cities for prenatal, infant, and preschool welfare and the care of tuberculosis. School medical supervision is conducted frequently by the board of education. Some of these activities will probably be more effectively carried on by voluntary agencies for the time being and until the central authorities are able to take on greater responsibilities.

The budget necessary to carry on the essential services proposed for these two groups of cities varies from \$1.95 per capita for the average city of 100,000, to \$1.54 for a city of 50,000, exclusive of hospital service for communicable diseases. If hospital care is included, the per capita cost becomes \$2.35 and \$1.64, respectively.

These figures represent the cost of all the health service that is considered necessary, including the cost of work that may be carried on by agencies other than the official health department. In the group of 100 large cities, the per capita cost of adequate service, given as \$1.95, is at least four times the average budget allotted to these municipal health departments at the present time.

I do not intend to convey the impression that the outline of divisional organization that has been presented is intended as a model that should be followed by all of the cities above 40,000 population. Details of administration will vary, the number of independent bureaus or divisions depending partly at least upon the availability of trained personnel, but every community should make reasonably adequate provisions to carry on all of the activities mentioned, either through central authorities or local voluntary agencies. The facilities required for any particular activity will, of course, depend upon local needs and requirements.

As we pass to the smaller cities, we find more and more of the work being carried on by agencies other than the health department. There is a tendency, however, slowly developing, for the central authorities to assume more responsibility and to take over, gradually, activities that have been organized by private agencies.

In the smaller towns, and particularly in the rural sections, provisions for local health service are much less adequate than the service now established in the incorporated cities. After several years of activity on the part of the United States Public Health Service and the International Health Board, working in

cooperation with State and county boards of health, only a beginning has been made in securing whole-time health service for rural communities.

ESSENTIAL ELEMENTS FOR COMMUNITY HEALTH SERVICE

If a community's conscience is sufficiently aroused by some emergency, such as a severe epidemic, and there is created a desire to provide itself with reasonably adequate health service, what

procedure should be adopted?

The first logical step would be to arrange for a comprehensive and detailed public health survey. Health is a business enterprise of first importance to any community. No business, either public or private, can hope to determine its assets and liabilities without a thorough inventory. The public health survey is the only practical means by which a community can discover its essential health problems, and, by careful interpretation, develop a sound policy and well-balanced program suited to actual needs.

No attempt should ever be made to reorganize or plan a community health program on general principles or by endeavoring to further expand or develop some special activity that may, for the moment, seem urgent or popular. The ultimate success of local health service depends chiefly upon a sound basic policy and a wellbalanced program with adequate funds and trained and experienced

personnel under competent centralized authority.

POPULAR HEALTH EDUCATION

Notwithstanding the very commendable progress that has been made in developing the technique of modern public health administration, there is considerable unfinished business. Public health authorities have recognized the limitations of police power in controlling disease or promoting better health. This has introduced a new activity, usually referred to as popular health education. Suppressive and preventive measures, compulsorily enforced, will still be necessary; but we have learned that the individual will contribute more to the health of his community if he can be taught to practice the essential principles of health, hygiene, and sanitation.

The field of popular health education has not been half explored. Many methods and devices have been tried, but these efforts have been directed chiefly toward mass teaching. A direct appeal to the individual seems to promise more encouraging results; and of all the agencies that have established effective and extensive contacts with the individual, none has been as successful as the public health nurse.

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THE PUBLIC HEALTH NURSE

The first municipal nursing service seems to have been established in Los Angeles in 1898, although private district nursing for the unhospitalized sick had been provided in Boston as early as 1887. Prior to 1914 efforts in visiting nursing were largely pioneer in character and the service increased gradually from 130 nurses in 1901 to approximately 3,000 nurses in 1912, the majority being engaged by private organizations.

Municipal nursing apparently proceeded more slowly until after the World War, which created a greater demand for home nursing. In 1918 the United States Public Health Service, for the first time in its history, established a section of public health nursing, and through the cooperation of the American Red Cross it was possible to provide a nursing service in the extra cantonment areas. This was the first introduction of many communities to an experience with a municipal nursing service.

In 1924 there is a record of approximately 12,000 public health' nurses engaged in both official and private capacity. There were about 6,000 nurses enrolled in municipal work in 99 of the 100 large cities surveyed in that year. This appears to leave only about 6,000

nurses to be distributed in all of the other communities.

This rather sketchy review of nursing activities is presented merely to indicate that, as a municipal function, it is a comparatively new activity. However, health authorities have gradually become convinced that the public health nurse is one of the most important links in the chain of efficient public health administration. As a field agent of the health officer, the nurse has undoubtedly made the strongest appeal and established a more direct and effective contact with the individual than any other emissary of his department.

The science of municipal public health nursing and the art and craft of her field service have not become very definitely established, however. Her prescribed duties are still rather vague and she has been assigned to almost every possible variety of service. Certain principles of municipal nursing are developing, but as yet there appears to be no accepted measure for the value of the services she renders. either in respect to quality or quantity. Judging from the recent surveys that have been made, no general agreement has been reached as to the logical position of the nursing service in the organic structure of the health department.

It has been said that public health work to-day in any community can be measured by the extent to which public health nursing has been developed. To a certain extent this is probably true; but opinions as to what constitutes an adequate nursing service seem to differ rather widely. The theoretically effective ratio is usually 1 nurse to 2,000 or 3,000 population, and yet in the 99 large cities for which records were available the average ratio for the whole group was only 1 to 5,000 approximately. It varied from 1 to 6,300 in the

group of larger cities to 1 to 5,400 in the smaller cities.

In the "ideal" plan of organization for a city of 100,000, proposed by the committee of the American Public Health Association in 1923, 30 nurses were considered necessary to provide adequate preventive work, or an increase to 50 nurses if bedside care on an hourly basis is provided. Even with more conservative provisions, it is apparent that the majority of cities at the present time are inadequately equipped to provide even a reasonably satisfactory service.

In the large cities surveyed in 1924 by the Public Health Service, the municipal expenditures for public health nursing varied from 1.5 cents to 36.6 cents per capita, with an average of 15.4 cents, as compared with 9.5 cents for the same group in 1920. It is evident that such an expenditure falls far short of the average cost per capita of 83 cents proposed in the "ideal" plan. It should be remembered, however, that this plan included the cost of private as well as official nursing, and that the figures for the 1924 surveys include only the municipal service. It should also be noted that the estimate of 83 cents per capita is equal to or greater than the sum which is now being expended for all strictly health work by many cities, including nursing services. This does not mean that the estimate for nursing is high, but that the expenditure for health work is low.

The problem of organization does not seem to be satisfactorily adjusted. Our surveys indicate that only 25 out of 82 of the larger cities reporting in 1924 had organized separate bureaus or divisions of nursing. In 57 cities the nursing force was assigned to various services. There are many conditions and requirements to be considered in connection with organization plans, and further experience and careful study will undoubtedly be necessary. Whatever organization is proposed, many authorities appear to agree that the nursing service should be under the direction of the health officer himself in the smaller cities, or under competent medical supervision. Central supervision by an experienced administrative supervisor or director

of nurses is desirable.

There has been considerable discussion concerning the relative importance of the specialized and the generalized district plan of nursing, and arguments have been advanced in favor of both plans. There is a tendency, perhaps, to adopt a generalized district service in the larger cities studied in 1924, and this seems to be the better plan.

The relation of the municipal service to the existing voluntary health agencies is an important one. Much of the work carried on in many communities will continue to be given by the voluntary agencies for the present. There should, however, be premitted no real division of responsibility, and the general supervision of all the service that is rendered to the community should be centralized under the direction of the health officer in order to guarantee a well-balanced program.

One other important consideration will be mentioned in conclusion, and that is the qualifications of a successful public health nurse. In order to undertake the multiplicity of duties that have been assigned to her, she should have, in addition to an adequate professional training, both in nursing and public health methods, a healthy body and human interest in her work, "tact, insight, a feeling heart, a quick mental grasp of persons and situations, dignity, persuasiveness—these things come by grace of nature."

I know of no nobler calling in the professional field of public health, no service that gives promise of such benefits to the individual, as that of a successful public health nurse.

SUMMARY

The modern public health movement, spanning a period of 50 years, has progressed from attempts merely to suppress disease to an era of prevention, and, finally, has recognized the necessity for health promotion activities.

Notwithstanding the commendable progress that has been made in public health practice, recent surveys of 186 large cities have disclosed a great variety of method and procedure, many of which are inconsistent and not in accord with our present knowledge.

There is a growing tendency to encourage standardization of public health methods and to establish arbitrary measures for the relative values of various elements of practice. Standards are undoubtedly desirable but the relative values of many items can be definitely determined only after careful scientific study and interpretation of details and a demonstration of the principles involved, preliminary to any attempt to establish relative values or to revise present methods.

Plans for the organization of an adequate health service have been proposed for average cities of 50,000 and 100,000 population, respectively, as a result of recent surveys. These plans represent minimum requirements that are considered reasonable and necessary for every community and include services rendered by both public and private agencies. Voluntary health agencies will probably continue to provide some of the service for the present, and until the public authorities are able to assume greater responsibilities.

Reorganization of public health activities in any city should be based upon a careful, comprehensive survey setting forth the resources and needs of the community. Such an inventory is necessary in order to develop a well-balanced program.

Health authorities have recognized the fact that police power enforcement of compulsory laws for suppressive and preventive health work while still necessary, must be supplemented by greater cooperation on the part of individual citizens. A greater emphasis is being placed upon popular health education as a means of encouraging the individual to practice the essential principles of hygiene, health and sanitation.

In the promotion of popular health education, no agency has made better contacts with the individual or a greater or more effective

appeal than the public health nurse.

Public health nursing, as a municipal function, is a relatively new activity. The first municipal nurse was engaged by the City of Los Angeles in 1898. Private district nursing had already been expanding for several years. The World War served to stimulate a greater demand for both municipal and private visiting nursing services.

In 1924 there is a record of 12,000 public health nurses, municipal and private. Six thousand of these were engaged in municipal service in 99 of the largest cities (1923). Health authorities have gradually recognized the important rôle played by the public health nurse.

The science and art of public health nursing have not been definitely established. The duties of the public health nurse are still vague and varied. There is a tendency to adopt the plan of generalized district nursing. The ratio of 1 nurse to each 2,000 or 3,000 population is usually recommended. On this basis, the majority of cities to-day are inadequately equipped. Many of the problems concerned with public health nursing require careful scientific study, demonstration of principles and definition of services rendered.

The relation of municipal to private nursing agencies is an important one. There should be no division of responsibility and the general supervision of all services to the community should be centralized under the general direction of the local health officer to

guarantee a well-balanced program.

VIRGINIA HEALTH COMMISSIONER APPEALS AGAINST RETRENCHMENT IN HEALTH WORK

In order to inform the General Assembly of Virginia regarding the needs of the State board of health for its proper operation and the minimum requirements for a continuance of its work based on present methods and achievements, Dr. Ennion G. Williams, State health commissioner, prepared a statement for the finance and appropriations committees of the senate and house. In this statement there are concisely presented the financial needs of the board if certain

Wirginia Health Bulletin, published by the Department of Health of Virginia, February, 1926.

health standards are to be maintained and certain important branches of public health work are to be continued.

A reduction in the appropriation for rural health work is shown to mean an actual reduction for this work of four dollars for every dollar the State appropriation is curtailed, since the amount appropriated by the State is supplemented approximately to this extent by the International Health Board and the localities in which the work is done. Rural health work is stated to be especially important in Virginia as there is a shortage of physicians in the rural sections of the State; and as for dental conditions, it is said that 40 counties of the State have a total of only 41 dentists-15 counties being without a dentist. Since 1921, when dental clinics were first held in the State, clinics have been held in 70 counties, at which 41,816 children were treated and 152,052 operations were performed under a plan of divided The commissioner's statement makes an appeal for the continuance of this work, as well as for sufficient funds adequately to continue other rural health work, aid in county health nursing. maintenance of milk standards and the increasing of milk consumption, and social hygiene work. It is shown that increased funds are needed for the State laboratory in order to enable it to handle the increasing amount of work being asked of it, which would be impossible without additional personnel.

Concrete evidence of achievement in public health work is shown in many ways, but especially in the improvement in the general healthfulness of a population and by the lowering of the death rates for preventable diseases. Doctor Williams presents some interesting charts which show the reduction in the death rates for several important communicable diseases, a large part of which reduction is unquestionably the direct result of public health work.

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SMALLPOX IN LOS ANGELES, CALIF.

Smallpox has been reported as unusually prevalent in Los Angeles, Calif., during the last few months. The type of the disease, which was mild during the fall, has become severe, and recent reports show a considerable number of deaths from the disease.

The commissioner of health of Los Angeles is endeavoring to interest employers of labor and others in a campaign for vaccination. With proper cooperation from the public, the epidemic will be short-lived.

tion and the state of the state

The following table shows the cases of smallpox and deaths from the disease in Los Angeles during the last seven months:

Reports of smallpox in Los Angeles, Calif., from July 1, 1925, to January 31, 1926

	Cases	Deaths
fuly, 1925.	93	2016.24
August, 1925.	41 26	
October, 1925	38	
November, 1925. December, 1925.	33 75	1
anuary, 1926	199	2

RABIES AND DOG BITES IN NEW YORK CITY, 1921 TO 1925

The following is taken from the Weekly Bulletin of the New York City Department of Health dated January 30, 1926:

Because of the increase in rabies in New Jersey and in Westchester County, active measures will be taken to bring about a rigid enforcement of the dog-muzzling ordinance. This has in the past been one of the most difficult problems with which the department has had to cope.

Dog owners do not appreciate the magnitude of this problem. Each owner, believing that his dog is harmless and does not bite, can not understand why his dog must be muzzled. The records of the department, however, tell a different story regarding the subject of unmuzzled and improperly muzzled dogs. The following table shows the number of dog bites in the last five years, 1921 to 1925, inclusive:

Year	Number of dog bites
1921	3, 049
1922	3, 455
1923	4, 538
1924	4, 699
1925	7, 030

Thus, in 1921 there were 3,049 dog bites, as compared with 7,030 in 1925, an increase of more than 100 per cent.

The number of rabid dogs has also increased. In 1920 there were 44 rabid dogs, as compared with 76 in 1925.

A study of the breed of dogs shows the poodle to be the most frequent offender.

The cooperation of everyone is urged in this campaign. Proper muzzling of dogs in public places will control this situation.

DEATHS DURING WEEK ENDED FEBRUARY 13, 1926

Summary of information received by telegraph from industrial insurance companies for week ended February 13, 1926, and corresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)

Department of Commerces	Week ended Feb. 13, 1926	Corresponding week, 1925
Policies in force	63, 364, 512	58, 621, 734
Number of death claims	10, 851	11, 708
Death claims per 1,000 policies in force, annual rate.	8. 9	10. 4

Deaths from all causes in certain large cities of the United States during the week ended February 13, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week en	ded Feb. 1926	ed Feb. Annual death rate per 1,000		Deaths under 1 year	
City	Total deaths	Death rate 1	1,000 corre- sponding week, 1925	Week ended Feb. 13, 1926	Corresponding week, 1925	rate, week ended Feb. 13, 1926 ³
Total (69 cities)	8, 252	14.8	14.2	908	934	* 75
Akron	41			6	5	64
Albany 4	52	23.0	17.7	3	5	63
Atlanta	103	. 20.0		14	13	-
White	49			4	-	
Colored	54	(4)		10		
Baltimore 4	377	24.7	17.5	41	37	120
White	277			29	0.	103
Colored	100	(4)		12	*********	195
Birmingham	69	17. 5	18.3		6	190
White	32	11. 3	10.0	5 3	9	
Colored	37	(8)		3	********	
Boston	214	14.3	19.3	26	34	73
Bridgeport	42	14. 0	10.0	8	2	136
Buffalo	152	14.7	14.8	14	15	58
ambridge		15. 3	14.8	- 17		66
Camden.	35 32	13. 0	16.2	6	3 7	101
Chicago 4	674	11.7	12.0	83	99	
incinnati	151	19. 2	16.7	16	11	73 100
leveland	217	12.1	10.7		20	
		14. 5	13.0	32		83 64
'olumbus	78		18.9	5	6	04
Oalias	60	16.2	16. 9		11	
Colored	46	(4)		1		
Dayton	30	9. 0 19. 5	10.7	2	**********	79
	105	9.0	12.7	10	10	19
Denver	32	19. 5. 11. 2	12.9			17
	326	11. 2	11.7	1	1	17
Detroit	320	13.6	9. 9	55	56	89 94
Pl Dogo	24	11. 3 24. 3	19. 9	4	3 9	198
El Paso	30	24. 3	10. 0	8 3	6	
Erie Fall River	30	15.4	10.0	3		57 29
	38 19	7.6	13. 3 5. 2	2	8 2	50
flint			10.6	2 3 3	4	90
ort WorthWhite	42	14. 4	10.0	3		*******
	31	(A)	********	2		
	11	11.9		1 5	7	72
Grand Rapids	35 71	22.4	11. 5 17. 1	9	3	12
White	49	22.4	11.1	5	0	
Colored	43	(4)		4	********	
ndianapolis	28 107	15.5	14.7	10	6	79
White	91	10. 0	39. 6	10	0	73 84 0 42 65 0 71 69 84
Colored	16	(1)		0		04
Colored acksonville, Fla.	47	23.4	20, 9	2	4	42
White	47 24	au, 3	20.0	2		AK.
White. Colored	23	(8)		ő		0
ersey City.	23 104	17. 2	13.7	10	10	71
ersey City. Kansas City, Kans.	28	12.6	13. 7 17. 5	4	5	60
White.	28 20		3,,0	4	-	84
Colored.	8	(6)		Ö		0
Cansas City, Mo	100	14, 2	15.9	15	16	
os Angeles	245			70	29	194
ouisville	245 76	13, 1	14.2	0	29	78
White	56	20. 2	44.4	9 8	10	90
Colored	20	(6)		i		63
owell	25	11.8	11.3	3	5	194 78 80 63 56
ynn	20	14.7	12.1	2	3	50
Memphis.	56 20 25 29 71	21. 2	20.0	6	6	1901
White	42		20.0	3		
Colored	29	(8)				

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Annual rate per 1,000 population.
 Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.

estimated births for 1924. Cities left blank are not in the registration and the cities.

Data for 64 cities.

Data for 64 cities.

Deaths for week ended Friday, Feb. 12, 1926.

In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentage of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended February 13, 1926, infant mortality, annual death rate, and comparison with cerresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Feb. 13, 1926		Annual Deat death rate per		under 1 ear	Infant mortality
	Total deaths	Death rate	1,000 corre- sponding week, 1925	Week ended Feb. 13, 1926	Corresponding week, 1925	rate, week ended Feb. 13, 1926
Milwaukee	118	12.3	11.7	11	26	5
Minneapolis	85 37	10. 4 14. 2	12. 4 14. 2	12	15	6
Nashville ' White	20		14.2	6		
Colored	17	(8)		2		
New Bedford	25	(8) 10. 9 15. 2	12.6	5	5	8
New Haven	52		14.6	7	6	9
New Orleans	290	36. 5	26.0	35	18	
White	191			19		
Colored	99	(8)		16		
New York	1,599	14.2	14.7	171	184	6
Brooklyn Borough	541	10.8	10.2	18 63	13	66
Manhattan Borough	679	18.2	19.3	66	92	7
Queens Borough	137	10.0	10.0	19	11	86 88 57
Queens Borough	61	23.0	17.3	- 5	2	80
Newark, N. J.	119	13.7	12.1	12	18	5
Norfolk	31			1	12	19
White	18	********		1		36
Colored	13	12.9		0	********	
Oakland	63	12.9	12.9	9	5 2	100
Oklahoma City	48	11.8	17.0	6	. 8	63
Paterson	34	12.5	15.8	5	5	87
Philadelphia	564	14.9	15.6	57	57	76
Pittsburgh	164	13, 5	14.5	24	20	80
Portland, Oreg	86	15.9	9.4	3	3	31
Providence	73	14. 2	12.3	12	10	100
Richmond	89	24.9	20.7	5 3	6	63
White	53			3		56
Colored	36	(1)		2		70
Rochester	226	14.3	11.2	20	18	90
St. Paul	55	11.7	10.4	3	3	27
Salt Lake City 1	65	25.9	12.7	7	5	97
San Antonio	85	22.4	14.5	15	6	
San Diego	36	17.7	16. 2	2	2	42
San Francisco.	162	15, 2	13.1	3	14	18
Schenectady	24	. 13.5	9.0	2	0	58
Seattle	80	10.5	14.7	2	2	19 78 70 29 88 70 87 150
Spokane	20 33	15.8	12.9	3	6	70
Spokane Springfield, Mass	36	13. 2	14.7	9	5	20
Byracuse	46	13. 2	13. 2	71	6	88
Tacoma	24	12.0	10.0	3	0	70
Toledo	82	14.9	11.8	9	11	87
Trenton	46	18.2	19.4	9	7	150
Utica	29	14.9	11.8	1	i	22
washington, D. C	166	17.4	15.7	232233227399182	2	22 45 17
White	106	(0)		6		109
Colored	60 24	(1)	********	5	1	107
Wilmington, Del	27	11.5	18.4	3	8	70
Worcester	47	12.8	13.4	3	7	70 35
Yenkers	27	12.4	9.6	3 3	41	67 102
Yrangstown	32 1	10.4	13.4			109

See footnotes 4 and 5 on p. 385.

PREVALENCE OF DISEASE

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No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary and the figures are subject to change when later returns are received by the State health officers

Reports for Week Ended February 20, 1926

ALABAMA	Cases	ARKANSAS—continued	Cases
Cerebrospinal meningitis	2	Pellagra	
Chicken pox	84	Poliomyelitis	
Diphtheria	10	Scarlet fever	
Influenza	848	Smallpox	
Lethargic encephalitis	1	Trachoma	
Malaria	5	Tuberculosis	
Measles	57	Typhoid fever	
Mumps	67	Whooping cough	
Ophthalmia neonatorum	1	" anoping cough	***
Pellagra	3		
Pneumonia	234	CALIFORNIA	4
Scarlet fever	21	Cerebrospinal meningitis:	
Smallpox.	25	Los Angeles	
Tetanus	1	Oakland	
Trachoma	1		
Tuberculosis	43	Sacramento	
	10	San Diego	
Typhoid fever	1	Sutter County	
Typhus fever	-	Chicken pox	
Whooping cough	24	Diphtheria	
ARIZONA		Influenza. Lethargic encephalitis—San Francisco	291
Chicken pox	12		-
Diphtheria	3	Measles	90
Influenza	220	Mumps	299
Mumps	17	Poliomyelitis:	
Pneumonia	2	Los Angeles County	1
Scarlet fever	6	Salinas	
Trachoma	97	San Joaquin County	1
Tuberculosis	4	Whittier	1
		Scarlet fever	137
ARKANSAS	-	Smallpox:	
Chicken pox	19	Los Angeles	41
Diphtheria	1	Los Angeles County	20
Influenza	214	Oakland	28
Malaria	19	San Francisco	16
Measles	14	Scattering	23
Mumps	29	Typhoid fever	9
Ophthalmia neonatorum	1	Whooping cough	20

(387)

	ases		Cases
1	100	The state of the s	
Diphtheria	100	Chicken pox	
	17	Diphtheria	
Influenza	16	Dysentery	-
Measles	19	Hookworm disease	
Mumps	7	Influenza	
Pneumonia	10	Malaria	
Scarlet fever	25	Measles	
Septic sore throat	1	Mumps	_
Tuberculosis	64	Pellagra	
Typhoid fever	2	Pneumonia	
Whooping cough	82	Scarlet fever	
		Septic sore throat	
CONNECTICUT		Smallpox	
Anthron		Tuberculosis	
Anthrax	1	Typhoid fever	
	116	Whooping cough	20
Diphtheria	56	IDAHO	
German measles	-		
Influenza	13	Cerebrospinal meningitis:	
Lethargic encephalitis	2	American Falls	1
	787	Orofino	
Mumps	15	Chicken pox	
Paratyphoid fever	2	Diphtheria	
Pneumonia (broncho)	38	Influenza	
Pneumonia (lobar)	57	Measles	- 11
Scarlet fever	91	Mumps	17
Septic sore throat	2	Pneumonia (broncho)	8
Tuberculosis (all forms)	35	Scarlet fever	
Typhoid fever	3	Septic sore throat	
Whooping cough	72	Tuberculosis	2
		Typhoid fever	3
DELAWARE		Whooping cough	11
Chieben per	6	ILLINOIS	
Chicken pox. Diphtheria.	2		
	206	Cerebrospinal meningitis:	
Scarlet fever	2	Cook County	1
Tuberculosis	7	Lee County	1
Whooping cough	5	Whiteside County	1
whooping codgit		Diphtheria.	70
		Influenza	41
DISTRICT OF COLUMBIA		Lethargic encephalitis:	
Chicken pox	21	Cook County	1
Diphtheria	25	Knox County	1
Influenza	30	Lake County	
Measles	31	Measles.	735
	152	Pneumonia	390
Scarlet fever	21	Poliomyelitis:	
Tuberculosis	16	Cook County Rock Island County	1
Whooping cough	8	Scarlet fever	410
1		Smallpox	25
PLOPEDA		Tuberculosis	290
FLORIDA		Typhoid fever	15
Chicken pox	31	Whooping cough	175
Diphtheria	10		
Influenza	38	INDIANA	- 01
Malaria	4	Chicken pox	81 21
Measles	8	Influenza.	79
Mumps	26	Measles	
Pneumonia	15	Ophthalmia neonatorum:	1,002
	10	Pneumonia	17
Scarlet fever	***	Scarlet fever	246
	133		-
	2		69
Smallpox		Smallpox	31
SmallpoxTetanus	2		

IOWA	Cases	MARYLAND—continued	Case
Cerebrospinal meningitis	2	Tuberculosis	. 8
Chicken pox		Typhoid fever	
Diphtherla		Whooping cough	
German measles.	42		
Measles		MASSACHUSETTS	
Mumps	57	Anthrax	. 1
	18	Chicken pox	
Pneumonia	57	Conjunctivitis (suppurative)	
Scarlet fever	14.5	Diphtheria	
Smallpox	40	German measles	
Tuberculosis	16	Hookworm disease	
Whooping cough	36	Lethargic encephalitis	
KANSAS		Malaria	
Cerebrospinal meningitis-Kansas City	1	Measles	
Chicken pox	119	Mumps	
Diphtheria	16	Ophthalmia neonatorum	32
German measles	1	Pneumonia (lobar)	
Influenza	26	Scarlet fever	272
Measles	174	Septic sore throat	
	24	Trichinosis	
Mumps	-	Tuberculosis (pulmonary)	
Pneumonia	74 79	Tuberculosis (other forms)	
Scarlet fever	-	Typhoid fever	5
Smallpox	21	Whooping cough	513
Tuberculosis	35 82		010
	0.	MICHIGAN	
LOUISIANA		Diphtheria	91 2, 386
Cerebrospinal meningitis	3		
Diphtheria	16	Pneumonia	201
Influenza	152	Scarlet fever	
Pneumonia	65	Smallpox	4
Scarlet fever	8	Tuberculosis	39
Smallpox	88	Typhoid fever	6
Tuberculosis	33	Whooping cough	313
Typhoid fever	16	MINNESOTA	1111
MAINE		Chicken pox	110
Chicken pox	39	Diphtheria	40
Diphtheria	1	Influen a	4
German measles	12	Measles	157
Influenza	14	Pneumonia	3
Lethargic encephalitis	1	Scarlet fever	282
Measles	82	Smallpox	10
Mumps	34	Tuberculosis	53
Paratyphoid fever	1		
Pneumonia	21	Typhoid fever	7
Scarlet fever	33	Whooping cough	28
Tuberculosis.	7	MISSISSIPPI	
		Dinhtheria	
Typhoid fever	3	Diphtheria	1 014
Vincent's angina	1	Influenza	
Whooping cough	55	Scarlet fever	11
MARYLAND 1	- 41	Smallpox	28
Cerebrospinal meningitis	2	Typhoid fever	
Chicken pox	131	MISSOURI	
Conjunctivitis	2	Cerebrospinal meningitis	2
Diphtheria	22	Chicken pox	82
German measles	4	Diphtheria	106
nfluenza	576	Influenza	6
Measles		Measles	241
Mumps	198	Mumps	6
Paratyphoid fever	1	Ophthalmia neonatorum	1
Pneumonia (broncho)	145	Pneumonia	8
Pneumonia (lobar)			3
Pneumonia (lobar)	114	Rabies (in animals)	
	51	Scarlet fever	288
Septic sore throat	4	Smallpox	13

missouri-continued	Cases	NEW YORK	
Thechome	Cuses	(Exclusive of New York City)	_
Trachoma			Case
		Chicken por	37
Typhoid fever		Diphtheria	
Whooping cough	. 63	German measles	33
MONTANA		Influenza	10
MUNIANA		Lethargic encephalitis	1
Chicken pox	. 27	Measles	1, 27
Diphtheria	. 2	Mumps	17
German measles		Pneumonia	37
Influenza		Poliomyelitis	1
Measles		Scarlet fever	27
Mumps		Septic sore throat	-
Scarlet fever		Typhoid fever	1
Smallpox			10
		Vincent's angina	40
Trachoma.		Whooping cough	401
Tuberculosis		NORTH CAROLINA	
Typhoid fever			
Whooping cough	. 15	Cerebrospinal meningitis	1
Webbiers		Chicken pox	207
NERRASKA		Diphtheria	25
Chicken pox	28	German measies	108
Diphtheria		Measles	204
German measles		Poliomyelitis	1
Lethargic encephalitis		Scarlet fever	25
Measles		Septic sore throat	2
Mumps		Smallpox	26
***************************************		Typhoid fever	1
Pneumonia		Whooping cough	158
Scarlet fever		whooping cough	100
Smallpox		OKLAHOMA	
Tuberculosis	9	(m)	
Whooping cough	30	(Exclusive of Tulsa and Oklahoma City)	
NEW JERSEY		Cerebrospinal meningitis—Muskogee	1
NEW JERSET	11	Chicken pox	35
Anthrax	1	Diphtheria	15
Cerebrospinal meningitis	5	Influenza	846
Chicken pox	385	Malaria	10
Diphtheria	80	Measles.	11
Influenza	16	Mumps	13
Malaria	1		
Measles		Pellagra	1
Pneumonia		Pneumonia	219
	277	Poliomyelitis—Pottawatomie County	1
Scarlet fever	214	Scarlet fever	23
Typhoid fever	. 7	Smallpox	1
Whooping cough	88	Typhoid fever	3
NEW MEXICO		Whooping cough	45
NEW MEXICO		OREGON	
Chicken pox	22	OREGON	
Conjunctivitis	1	Cerebrospinal meningitis	3
Diphtheria	3	Chicken pox	41
German measles	1	Diphtheria	26
Influenza	86	Influenza	281
Measles	1	Measles	24
Mumps	19	Mumps	52
Pneumonia	38	Pneumonia	* 13
	-		1
Rabies (in animals)	f	Poliomyelitis	
Scarlet fever	12	Scarlet fever	31
Smallpox	2	Smallpox	48
Tuberculosis	50	Tuberculosis	13
Typhoid fever	4	Typhoid fever	6
Whooping cough	19	Whooping cough.	64

PENNSYLVANIA	Cases	TEXAS—continued	Case
Anthrax-Philadelphia		Ophthalmia neonatorum	Case
Chicken pox.		Paratyphoid fever	
		Pellagra	
Diphtheria	-	Pneumonia	23
German measles.		Conrict favor	
Impetigo contagiosa		Scarlet fever	5
Lethargic encephalitis—Philadelphia		Smallpox	12
Measles	-	Tetanus	
Mumps		Tuberculosis	6
Ophthalmia neonatorum		Typhoid fever	2
Pneumonia	. 84	Whooping eough	8
Scables	1	UTAH	
Scarlet fever	552		
Trachoma-Philadelphia	1	Cerebrospinal meningitis—Salt Lake City	
Tuberculosis	81	Chicken pox	4
Typhoid fever		Diphtheria	1
Vincent's angina		Influenza	3
Whooping cough		Measles	1
whooping cough	910	Mumps	2
RHODE ISLAND		Pneumonia	1
RHOUL BLAND		Scarlet fever	
Cerebrospinal meningitis—Coventry	1	Smallpox	011
Chicken pox	5	Whooping cough.	3
Diphtheria		w mooping cought	0
German measles		VERMONT	
Influenza.	2	Chieken pox	- 2
Measles	299	Diphtheria	
	1	Measles	
Pneumonia		Mumps	1:
Scarlet fever	10		
Whooping cough	2	Scarlet fever	-2
SOUTH DAKOTA		Whooping cough	2
*****		WASHINGTON	
Chicken pox	18	Cerebrospinal meningitis:	
Diphtheria	6		
Measles	17	Seattle	•
Mumps	89	Spokane	1
Pneumonia	7	Spokane County	1
Scarlet fever	124	Chicken pox	81
Smallpox	1	Diphtheria	21
Typhoid fever	1	German measles	37
Whooping cough	1	Measles	26
a noohing congressions	-	Mumps	165
TENNESSEE		Scarlet fever	97
Chicken pox	100	Smallpox:	
	14	Everett	
Diphtheria			17
Influenza	221	Seattle	11
Malaria	2	Tacoma	20
Measles	338	Scattering	44
Mumps	21	Tuberculosis	13
Pellagra	3	Typhoid fever	3
Pneumonia	158	Whooping cough	86
Scarlet fever	43		-
Smallpox:	F STORY	WEST VIRGINIA	
•	15	Diphtheria	3
Memphis	7	Scarlet fever	4
Scattering		Typho d fever	6
l'etanus	1		-
	49	WISCONSIN	
l'uberculosis			
Tuberculosis	1	Milwaukee:	
TuberculosisTyphoid fever		Cerebrospinal maningitis	
Fubereulosis Typhoid fever. Whooping coygh	1	Cerebrospinal maningitis	
Tubereulosis. Typhoid fever. Whooping cough. TEXAS	1	Cerebrospinal maningitis. Chicken pox. Diphtheria.	86
Tubereulosis Typhoid fever. Whooping cough TEXAS	1	Cerebrospinal maningitis	86 18
Tubereulosis Typhoid fever	20	Cerebrospinal maningitis. Chicken pox. Diphtheria.	86 18
Tuberculosis Typhoid fever Whooping cough TEXAS Anthrax Cerebrospinal meningitis	1 20 4 2	Cerebrospinal maningitis Chicken pox Diphtheria Measles Mumps	86 18 49 39
Tuberculosis Typhoid fever Whooping cough TEXAS Anthrax Cerebrospinal meningitis Chicken pox	1 20 4 2 189	Cerebrospinal maningitis Chicken pox Diphtheria Measles Mumps Pneumonia	18
Tuberculosis Typhoid fever. Whooping cough TEXAS Anthrax Cerebrospinal meningitis Chicken pox Diphtheria	1 20 4 2 189 66	Cerebrospinal maningitis Chicken pox Diphtheria Measles Mumps Pneumonia Scarlet ever	86 18 49 39 18 27
Tuberculosis Typhoid fever Whooping cough TEXAS Anthrax Cerebrospinal meningitis Chicken pox	1 20 4 2 189 66	Cerebrospinal maningitis Chicken pox Diphtheria Measles Mumps Pneumonia	86 18 49 39 18

wisconsin—continued		WYOMING	C
Scat ering: Cerebrospinal meningiti: Chicken pox. D phtheria German massles Influenza Mea les Mumps Pneumonia Poliomyelitis Scarlet fever Smallpox Tuberculosis Typhold fever Wheening couch	2 103 30 12 37 313 157 26 1 140 9 27 2	Chicken pox	2 5 8 1 4 1 1 17 2

Report for week ended February 13, 1926

NORTH DAKOTA	Cases	- NORTH DAKOTA—continued	Cases
Chicken pox	20	Pneumonia	15
Diphtheria	2	Scarlet fever	150
German measles.	42	Smallpox	13
Influenza	8	Tuberculosis	3
Measles	34	Typhoid fever	1
Mumps	70	Whooping cough	14

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State	Cere- bro- spinal menin- gitis	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
August, 1925 North Carolina January, 1926	1	276			17	******	28	83	39	300
Delaware District of Columbia Louisiana New Jersey North Dakota Tennessee Vermont West Virginia Wisconsin	0 0 5 2 3 0 4 4	24 132 106 441 28 70 19 121 218	13 19 308 124 18 615 0 161 169	0 6 0 19 0	180 99 4 5, 217 60 838 43 461 630	0 0 10 22	0 0 1 3 6 2 1	34 114 46 927 383 151 86 242 768	0 0 181 2 27 49 0 31 70	1 78 38 8 96 33 39 18

SMALLPOX ON VESSEL

The Coast Guard cutter Saukee was reported at Key West, Fla., February 23, 1926, with a member of the crew ill with smallpox. The entire crew has been vaccinated.

PNEUMONIA (ALL FORMS) AND INFLUENZA

Deaths reported in large cities of the United States during three-week periods ended February 14, 1925, and February 13, 1926

PNEUMONIA (ALL FORMS)

on and one			Week e	nded-		
	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926	Feb. 14, 1925	Feb. 13, 1926
Atlanta	13	12	13	16	19	19
Baltimore	48	12 69 13 29	60 15 48	16 75 12 29 5	50 17	22
Birmingham	48 15	13	15	12	17	
Boston	34 10	. 29	48	29	48	2
Bridgenort	10	1	3 9 10 7 1 78 18 38	5	4	1
Buffalo Cambridge, Mass	20	15	9	16	22 3 6 9 84 20 23 10	2
Cambridge, Mass	5 5 5	4	10	4 9	3	
amden	5	11	7	9	6	
Canton	5	3	1		9	11000 112
hicago incinnati	77	62 10	78	66 19 31	84	obi jijin 9
incinnati	14	10	18	19	20	J. I
eleveland	23	20	38	31	23	********
columbus	11	15	6 11	13	10	1 20
Dallas	111	10 [11	10	23 12	n Loren
Detroit	44	6	47	14 39	49	
puluth	2	40	5	1	2	
lizabeth	5	0	5	41	6	
l Paso	77 14 25 5 11 23 44 2 2 6 2 8	9 3 7 2 2 6 2 5	12 47 5 5	1 4 5 5 3 4 10	6	1 1 2 1 1 5 5 2 5 1
rie	2	7		5		
all River	8	2	5	3	7	
lint	1	2	5 2 6 4 7	4	7 7 1	
ort Worth	17	6	6	10	5 3	
ort Worth rand Rapids	2	2	4	2	3	
extford	1	5	7	2 10 9 24 13 40 14	11	100
louston	10	16		9	21 28 38 17	1
ndianapolis	11	13	17	24	21	10
Cansas City, Mo	18	29	23	13	28	
os Angeles	42	29	35	40	38	2
louston ndianapolis ansas City, Mo os Angeles. ouisville	10	. 6	13	14	17	1
	11 18 42 10 3 2 20 10	6 3 2 5 7	17 23 35 13 3 5 14 7 7	8 1 5 11	4	100
ynn	2	2		1	15	100
oweil ynn femphis finneapolis ashville	20	2	19	13	10	
Inneapous	10		-	11	1 7	
low Redford	2 4 14	5	4	1	2	1
lew Hoven	14	5 6	7	5	2	
ew Bedford ew Haven ew Orleans		25 231 19	15	40	28	RI PA
lew York	262	231	272	254	28 271	25
lewark	12	19	14	16	10	14
orfolk	2	7	6	5	6	
akland	5	7	6	2		10/7-117
akland klahoma City	12 2 5 5 12 96 44	4	6 7	1	6 3 15 94 38	
maha	12	7	13 110 75	9	15	7
hiladelphia	96	108	110	95	94	7
ittsburgh ortland, Oreg	- 44	108 34 15	75	22	38	
ortiand, Oreg		15	6 9 3 12 3 8	9 1 5 40 254 16 5 2 1 9 95 22 12 9	9	1
TOVIDENCE	7 3 4 6 8 3	3 8	9	9	0	11
eadingiehmond	4	9	19	10	9	9
	6		3	4	5 5	
ochester t. Paul alt Lake City	8	14	8	13	5	
alt Lake City	3	5	1	5	61	15
an Antonio	14	20	15	13	13	2
an Diego	4	12	8	3	4	1
an Francisco.	6	12	8	8	6	1
	1	3 1		4		
omerville pringfield, Mass	6	1 1 5	5 3 4 3	13 5 13 3 8 4 1 3 4 1 5 5 5	0	
pringfield, Mass	3	1	3	3	1	
yracuse acoma oledo	2	5	4	4	6 1 5 3	1
acoina	4	6	3	1	3	4
oledo	4	6	10	5	6	
renton	5	5	10 3 22	5	. 5	
Vashington	22	20	22	36	14	31
Vaterbury	4 6 1 6 3 2 4 4 5 22 5 1 8	4	5	4 7 12	9	100
Vilmington, Del	1	6 8	********	7	**********	31
vorcester	8	6	9	12	10	
oungstown	7	3	9	8	.9	- 2

yoid ver

rom

la.,

Deaths reported in large cities of the United States during three-week periods ended February 14, 1925, and February 13, 1926—Continued

INFLUENZA

			Week e	nded—		
	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926	Feb. 14, 1925	Feb. 13, 1926
Atlanta		1	7	4	5	1
Atlanta Baltimore	12	8	7 3	30	5 7	2
Birmingham	4	6	8 7	7 2 1	2	
Boston	2 3	1	7	2	3	
Bridgeport	3		1	1	1	
Cambridge, Mass		1			1	*******
Camden		1 2				
Canton				1	1	
hiengo.	3 3	.6 1	4	1 1	3 3 6	
Cincinnati	3	_6	4 4 2 2 2 5 4 2	1	3	
Cleveland		1	2	4	6	
Columbus	2	4	2	1	3	
Denver	1	i		11	3 3 3	1
Detroit	4		2	**	5	
Duluth						
Elizabeth		1				
El Paso	6	14	9		17	1
Erie	1 2	1 14 2 2		2		
Fall River	2	2	1	********	1	
Flint Fort Worth Grand Rapids	********	********				
fort Worth	2				1	
Tartford		2 1 1 2 3 3 1	4		1	
Iouston		1	1	3	6 2 5	
ndianapolis	2	2	1 2 8 6	1 3 3 9	2	
Cansas City, Mo	7	3	8	3	5	
os Angeles	2 7 3 1	3	.6	. 9	1	
ouisville	1	1		2		
owell				********		
ynn .					3	
demphis	4	3	1	2		Y. Barren
Minneapolis	. 3	3 1 3	1 2	8	2	
New Bedford						
New Haven			8	2		
New Orleans	8	26	8	26 23	11 30	4 2
New York	16	18	26	23	30	2
VewarkVorfolk	2		1			
Norfolk		********	2	5		
Oakland Oklahoma City	2		2	. 0	1 2	-
maha				*********		
Philadelphia	8	10	14	13	9	
Pittsburgh	. 5	4	6	3	9 3	
Portland, Oreg						
rovidence	1	2			2 1 3	
Reading				********	1	
lichmond	2	2	3	************		46-1
lochester		9		1 5		
alt Lake City an Antonio an Diego.	*********	2 7 2 1 13			1	
an Antonio	4	2	4	4	3	
an Diego	1 2	1	1	1		115
an Francisco	2	13	4	8		
chenectady					1	
omerville			4		1	
pringfield, Mass	. 3		4		1	4 - 1
yracuse acoma		*********				
oledo	********	9				
renton	1	3 3 2				
Vashington	1	2	5	1	2	
Vaterbury			5			1
Vashington						
Vorcester						******
oungstown	1	2	1	1	1	

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named:

Los Angeles, Calif.

Week ended Feb. 6, 1926:	
Number of rats trapped	2, 856
Number of rats found to be plague infected.	0
Number of squirrels examined	584
Number of squirrels found to be plague infected	0
Number of mice trapped.	3, 249
Number of mice found to be plague infected	0
Date of discovery of last plague-infected rodent, Nov. 6, 1925.	
Date of last human case, Jan. 15, 1925.	
were reported for the week ended federates 6, 1026, by 30	Josep.
Oakland, Calif.	
(Including other East Bay communities)	
Week ended Feb. 6, 1926:	
Number of rats trapped	459
Number of rats found to be plague infected	0

 Totals:
 Number of rats trapped Jan. 1, 1925, to Feb. 6, 1926
 81, 586

 Number of rats found to be plague infected
 21

 Number of squirrels examined May 1 to Aug. 1, 1925
 7, 277

 Number of squirrels found to be plague infected
 0

 Number of mice trapped Jan. 1, 1925, to Feb. 6, 1926
 32, 108

Date of discovery of last plague-infected rat, Mar. 4, 1925.

Date of last human case, Sept. 10, 1919.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM

Diphtheria.—For the week ended February 6, 1926, 37 States reported 1,312 cases of diphtheria. For the week ended February 7, 1925, the same States reported 1,740 cases of this disease. One hundred and one cities, situated in all parts of the country and having an aggregate population of more than 30,300,000, reported 776 cases of diphtheria for the week ended February 6, 1926. Last year for the corresponding week they reported 965 cases. The estimated expectancy for the secities was 1,119 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 12,770 cases of measles for the week ended February 6, 1926, and 2,706 cases of this disease for the week ended February 7, 1925. One hundred and one cities reported 8,594 cases of measles for the week this year and 1,384 cases last year.

Poliomyelitis.—The health officers of 38 States reported 23 cases of poliomyelitis for the week February 6, 1926. The same States reported 18 cases for the week ended February 7, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 4,262 cases; last year, 4,482 cases. One hundred and one cities—this year, 1,735 cases; last year, 2,271 cases; estimated expectancy, 1,283 cases.

Smallpox.—For the week ended February 6, 1926, 37 States reported 1,059 cases of smallpox. Last year for the corresponding week they reported 1,312 cases. One hundred and one cities reported smallpox for the week as follows: 1926, 276 cases; 1925, 420 cases; estimated expectancy, 121 cases. Nine deaths from smallpox were reported by these cities for the week this year—8 at Los Angeles, Calif., and 1 at San Francisco, Calif.

Typhoid fever.—One hundred and seventy-one cases of typhoid fever were reported for the week ended February 6, 1926, by 36 States. For the corresponding week of 1925 the same States reported 276 cases of this disease. One hundred and one cities reported 43 cases of typhoid fever for the week this year and 73 cases for the corresponding week last year. The estimated expectancy for these cities was 41 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 94 cities, with a population of more than 29,600,000, as follows: 1926, 1,365 deaths; 1925, 1,356.

City reports for week ended February 6, 1926

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean number of cases reported for the week during nonepidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

	(91,000	105.0	Diphi	theria	Influ	uenza	qon s	1 with	= 11
Division, State, and city	Population July 1, 1925, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
NEW ENGLAND				٠,				- min	Thigo
Maine:	added to the	01.7	4000	17	18 7	mt_ul	-brr	- make	36
Portland	75, 333	1	2	0	1	0	9	4	3
New Hampshire:	THE RESPONSE OF	117.3	11000	SAMILE	(0 V)		1 -11	7 4 2	M
Concord	22, 546	0	0	0	0	0	- 6	0	1
Vermont:	10.03327	1111 0		TARREST .	1 (1)	O'TU'T	11917	The second	12 0 17
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24, 089	1	1	0	0	0	0	0	1
Massachusetts:						-			
Boston	779, 620	67	67	11	0	2	172	23	29
Fall River	128, 993	4	6	4	1	0	66 72	0	3
Springfield	142, 065	1		1	2	0	72	1	3
Worcester	190, 757	2	5	14	0	0	79	0	12
Rhode Island:			11/14	10.0 74				F. C. 111 (0.5)	06]
Pawtucket	69, 760	4	1	0	0	0	45	0	
Providence	267, 918	0	12	3	0	0	416	0	1

	0.00		Dipht	heria	Infl	uenza			
Division, State, and city	Population July 1, 1925, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
NEW ENGLAND—contd.									
Connecticut: Bridgeport Hartford New Haven	(¹) 160, 197 178, 927	2 12 10	9 8 4	1 6 1	1 0 1	1 0 2	44 73 37	1 1 1	5 10 5
MIDDLE ATLANTIC	0			. 1		10.00		out poed	
New York: Buffalo New York Rochester Syracuse New Jersey:	538, 016 5, 873, 356 316, 786 182, 003	33 168 28 -30	18 223 9 8	11 128 16 3	0 58 0 0	1 23 1 0	11 1, 759 89 12	1 38 1 41	16 254 4
Camden Newark Trenton	128, 642 452, 513 132, 020	8 66 5	4 21 6	7 14 0	1 3 3	0 0	17 336 2	0 5 1	9 16 5
Pennsylvania: Philadelphia Pittsburgh Reading	1, 979, 364 631, 563 112, 707	156 42 8	81 22 4	58 20 2	1 0	13 3 0	457 23 1	10 3 0	95 22 3
EAST NORTH CENTRAL	10					0.5			
Ohio: Cincinnati Cleveland Columbus Toledo	409, 333 936, 485 279, 836 287, 380	14 35 16 35	10 34 4 7	4 39 1	0 1 0	1 4 1 0	1, 271 38 48	2 0 0 0	19 31 5
Indiana: Fort Wayne Indianapolis	97, 846 358, 819	9 19	12	2	0	0 3 0	334	0 2 0	5 4 24
South Bend Terre Haute Illinois:	80, 091 71, 071 2, 995, 239	112	1114	54	10	7	108	23	66
Peoria	81, 564 63, 923	6	1 2	2	0	0	5 2	16	4
Detroit Flint Grand Rapids Wisconsin:	1, 245, 824 130, 316 153, 698	72 16 4	63	1 2	0 0	0 0	1,312 16 9	3 3 2	39 4 2
Madison Milwaukee Racine Superior	46, 385 509, 192 67, 707 39, 671	5 89 9 0	1 19 2 0	23 1 0	0 2 1 0	0 1 0 0	39 23 1 0	2 24 0 0	3 0
WEST NORTH CENTRAL						1	-	X2 10 4	
Minnesota: Duluth Minneapolis St. Paui	110, 502 425, 435 246, 001	8 81 31	2 21 14	2 23 4	0	0 0 5	2 39 6	0 1 5	1 11 13
Davenport. Des Moines. Sioux City. Waterloo	(1) (1) (1) 36, 771	2 0 6 5	1 3 1 0	0 4 2 4	0		0 2 1 2	0 0	******
Missouri: Kansas City St. Joseph	367, 481 78, 342	41	10	2	3 0	3 0	88	8	13 5
St. Louis North Dakota: Fargo Grand Forks	821, 543 26, 403 14, 811	34	0 0	68	0	0	19 7	32	0
South Dakota: Aberdeen Sioux Falls	15, 036	0	0	0	0	0	0	0	0
Vebraska: Lincoln Omaha	30, 127 60, 941 211, 768	2 21	2 5	0 2	0	0	0 13	0	0
Topeka	55, 411 88, 367	16	2	2 0	0	1 0	1 8	1	2 5

id er on er cal ad rs. ut ed he

			Diphi	theria	Infl	ienza			
Division, State, and city	Population July 1, 1925, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
SOUTH ATLANTIC								177	Tr.
Delaware: Wilmington	122, 049	9	2	4	0	0	61	0	,
Maryland:	700 000		31	17	948	30	1, 198	155	75
Baltimore Cumberland	796, 296 33, 741	75	0	0	0	0	5	0	4
Frederick	12, 035	0	1	0	0	0	7	2	0
District of Columbia: Washington	497, 906	41	17	30	10	1	24	0	36
Virginia:									
Lynchburg Norfolk	30, 395	24 12	2 2	3	0	0	1 0	1 2	2 5
Richmond	186, 403	7	4	4	0	1 0	0	11	10
Roanoke	58, 208	1	2	1	0	0	5	4	4
West Virginia: Charleston	49, 019	1	2	0	0	0	0	0	1
Huntington		0	0	0	0	0	6 2	0	1
Wheeling North Carolina:	30, 208	4							
Raleigh	30, 371	12	. 0	1	0	0	0	0	2
Wilmington Winston-Salem	37, 061 69, 031	11 8	1 0	0	0	0	54	o o	3
South Carolina:					0			0	0
Columbia	73, 125 41, 225	0 5	0	1	0	0	0	1	0
Greenville	27, 311	4	0	0	0	0	1	0	1
Georgia:	(0)	6	2	6	329	4	12	1	16
Atlanta Brunswick Savannah	16, 800 93, 134	10	0	0	0 50	0	0 2	0 2	13
Florida: St. Petersburg Tampa	26, 847 94, 743	2	0	0	0	0	ō	2	4 3
EAST SOUTH CENTRAL									
Kentucky:									
Covington Louisville	58, 309 305, 935	0	1 8	0 2	0 2	0 2	13	0	14
Tennessee: Memphis	174, 533	25	4	2	0	2	1	3	5
Nashville	136, 220	6	04	1	0	8	120	0	9
Alabama: Birmingham	205, 670	8	3	1	21	7	3	3	12
Mobile	65, 955	1	0	0	0	1 0	0	0 7	3
Montgomery WEST SOUTH CENTRAL	46, 481	0	0	2	7		0		
Arkansas: Fort Smith	31,643	2	0	1	0		. 0	0	
Little RockLouisiana;		ō	i	3	Ö	2	. 0	0	4
New Orleans Shreveport	414, 493 57, 857	0	13	9 2	112	26	1 2	0	40
Oklahoma:									-01
Oklahoma City Texas:	(1)	0	1	. 0	8	0	0	0	1
Dallas	194, 450	22	. 6		11	4	5	0	13
Galveston Houston San Antonio	48, 375 164, 954 198, 069	1 2 1	4 3	1 10 1	0	1 4	0 0	0	3 9 13
MOUNTAIN									
Montana:								1000	1
Billings Great Falls	17, 971 29, 883	5 20	0 2 0 0	0	0	0	0	17	0
Helena Missoula	12, 037 12, 668	0 2	0	0 1 1	0	0	0	0	2 0
Idaho:								1 799	
Boise	23,042	2	1	0	0	0	1	0	, 0

¹ No estimate made.

		T	_	Dipht	ther	ia	Infl	nenza	diene !		-
ind	July 1, 1925,	en p	es c	esti nated rpect-	1	re-	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps cases re- ported	Pneu- monia, deaths re- ported
ued											
											-
											14
					i				11	111/	
										,	
						4		0			1
	12,00	~				٦	·		1		
			12			1		-51			
	(1)		36	7		3	0		3	100	100
	108, 89	77	12	5		0	0		0	0	
*****	104, 42	25	0				0	0		1	1
	282, 38	33	10	8		7	3	0	2	8	12
	(1)		77	42		55	158	9	9	10	40
	72, 26 557, 58	0	50	27		8	15	8	26	12	3 8
Scarle	t fever	fever Sma		OX			1	Cyphoid	fever		
	4				_			1	4		
esti- mated	Cases re-	Cases, esti- mated expect- ancy	re-	re	-	sis, death re-	Case hs esti- mate	Cases d re-	re-	cough,	Deaths, all causes
				1			1				Negation 1
				1					1	(11/1/20)	
3	5	0	0		0		1	1	0	2	19
1	0	0	0		0			0 0	0	0	5
				1		1	1	1	1		200
1	5	. 0	. 0		0				0	0	13
50	102					1			0	95	228
3	4	0	0	1	0		1	1 0	0	4	32
	5			1							46 54
			1				1	1	1		-
8	11	0	0		0		2		0	5	85
	99			1	0						30
6	5	0	0	1	0		0	0 10	0	8	43
v	13	0	. 0		0	'	'	0	0	12	43
				1				1			
-				1						110	
244	170	0	0	1	0		3 1	6			152 1, 654
14	20	0	0	1	0	1	2 1	0	1	6	73
18					1.7					91	50
4	10	0	0	1	0	1	3		0	1	42
5	10	0	0		0				0	0	118 43
73	99	0	0	1	0	25		0	1	43	593
	Scarle Cases, matedeexpect ancy 3 3 10 11 18 8 6 6 9 9 22 244 14 18 18 4 4 24	July 1, 1925, estimate 1925, estimate 1925, estimate 1926, estimated 1926, estimated expectancy 1926, estimated expectancy 1926, estimated 1926,	280, 911 43, 787 21, 000 130, 948 12, 665 12, 665 13 10 10 10 10 10 10 10	Population July 1, 1925, estimated Population July 1, 1925, estimated Population Population Populatio	Population Chicken pox Cases, estimated 280, 911 36 11 43, 787 7 3 21,000 5 0 130, 948 39 3 12, 665 0 0 0 1 5 57, 530 50 27 2 27 27 27 282, 283 10 8 8 10 8 10 8 10 10	Population Chicken pox, cases restimated 280, 911 36 11 43, 787 7 3 21,000 5 0 0 0 0 0 0 0 0	Cases Case	Population Chick-nox, cases estimated 1925, estimated 1925, estimated 280, 911 36 11 7 0 100 130, 948 39 3 4 0 0 12, 665 0 0 0 0 0 0 0 0 0	Population July 1, 1925, estimated Population July 1, 1925, estimated Population July 1, 1925, estimated Population of the ported Population of the population of th	Population Pop	Population July 1, 1925 Position Posit

¹ No estimate made.

40 0 1

Pulmonary tuberculosis only.

	Scarle	t fever		Smallpe)I	Tuber-		phoid i	lever	Whoop	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	culo- sis, deaths re-	Cases,	Cases re- ported	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
EAST NORTH CENTRAL					1.						
Ohio: Cincinnati Cleveland Columbus	12 33 11	31 51 21	1 2 1 3	1 0 0	0 0	15 29 7 0	0 1 0	2 0 0	0	30 61 0	163 237 84
Toledo Indiana:	18	10	3	1	0	0	0	0	0	18	66
Fort Wayne Indianapolis South Bend Terre Haute Illinois:	4 9 2 3	13 10 2 1	0 6 1 1	0 14 7 0	0 0	1 13 0 • 0	0 0 0	0 0	0 0 0	1 34 5 0	101 10 20
Chicago	155 6 1	159 7	3 1 0	0	0	56 1 0	3 0	3 0 0	0	41 26 2	753 24 21
Springfield Michigan:											
Plint Grand Rapids.	95 9 10	140 8 28	4 2 0	0	0 0	21 0 2	0 0	0	0	76 47 65	312 27 32
Wisconsin: Madison Milwaukee Racine Superior	3 39 6 2	5 19 0 7	1 3 2 4	1 0 0	0 0	1 3 3 0	0 1 0	0 0 0	0 0 0	2 49 20 0	7 118 24
WEST NORTH											
CENTRAL Minnesota:								-			
Duluth	5 40 28	33 84 64	1 15 8	0	0	1 5 5	0 1 0	0	0	25 1 21	23 99 58
Iowa:						"			0		- 36
Davenport Des Moines Sioux City Waterloo	2 8 2 2	4 4 2	2 2 1 0	. 3 8	••••••		0	0 0		0 0 2 2	
Missouri:											
Kansas City St. Joseph St. Louis	13 3 36	20 4 141	0 4	1 0 1	0	11 2 6	0 0 1	3 0 0	0	26 1 5	123 38 229
North Dakota: Fargo Grand Forks	2	0	0	0	0	0	0	0	0	2 0	0
South Dakota: Aberdeen Sioux Falls	0 3	0	0	0			0	0		0	
Nebraska: Lincoln Omaha	3 5	2 13	1 6	0	0	0	0	0	0	3	16
Kansas:						1	1	0	0	7	50
Topeka	1	8	0	0	8	0	0	0	0	4	22 31
Delaware: Wilmington	3	4	0	0	0	0	0	0	0	6	36
Maryland: Baltimore	43	29	0	0	. 0	25	2	1	0	25	339
Cumberland Frederick District of Col.:	1	0	0	0	0	0	0	0	0	4 0	16
Washington	24	24	2	0	0	11	1	2	0	12	188
Virginia: Lynchburg	1	2	0	0	0	1	0	0	0	0	11
Norfolk Richmond Roanoke	4	9 3	0	9	0	5 1	0	0 1 0	0	0	57 22
West Virginia: Charleston	1	1	0	0	0	4	0		0	12	11
Huntington Wheeling	i	1 2	0	0	0	1 0	0	0	0	0 1	18
Raleigh Wilmington Winston-Salem	0 1	0 0 3	1 2	0 0	0	1 2 3	0	0	0	1 19	. 18 5 14

	Scarle	t fever		Smallpo)I	Tuber-	Т	yphoid	fever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	culo- sis, deaths re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
SOUTH ATLANTIC-											
South Carolina: Charleston Columbia Greenville	1 0 0	0 0	0 0	0 0	0 0	1 0 1	0 0	2 0 0	0 0	0 0	37
Georgia: Atlanta Brunswick Savannah	4 0 1	3 0 0	2 0 0	1 0 1	0 0	3 0 3	0 0	0	0 0	0 0	63 1 38
Florida: St. Petersburg. Tampa	0	2	0	41	0	1 3	0	····i	0	0	24 47
EAST SOUTH CEN-				1					-		13
Kentucky: Covington Louisville Tennessee:	1 5	0	0	0	0	0	0	0 2	0	0	21 88
Memphis Nashville	4	13 1	3 0	1	0	3	0	0	0	3	75 60
Alabama: Birmingham Mobile Montgomery	3 0 0	4 0 1	4 0 1	5 1 0	0	6 0	1 0 0	2 0 0	1 0 0	9	98 24 13
WEST SOUTH CEN-				2				by	WHO I	113	
Arkansas: Fort Smith Little Rock Louisiana:	1	0	1 0	0		5	0	0	0	0 2	
New Orleans Shreveport Oklahoma:	5	15 4	1 3	4 0	0	14	0	0	0	0	220 26
Oklahoma City Texas:	2	2	4	0	0	0	0	0	0	0	19
Dallas Galveston Houston San Antonio	3 0 1 0	5 0 5 2	0 0 0	0 24 8 0	0	3 1 8 11	0 1 0 0	0	0 0 0	10 0 1 0	57 15 60 79
MOUNTAIN Montana: Billings Great Falls Helena	1 1 0	0 2 0	0 2 0	0 0	0	1 0 1	0	0	0 0 0	1 11 0	5 9 6 1
MissoulaIdaho: Boise	1	1	0	7	0	0	0	0	0	0	5
Colorado: Denver Pueblo	12 2	7 3	3 0	0	0	10	0	1 0	0	69	92 13
New Mexico: Albuquerque	1	2	0	0	0	7	0	0	0	6	25
Utah: Salt Lake City. Nevada:	4	3	3	1	0	2	0	3	0	19	49
Reno	0	0	0	0	0	0	0	0	0	0	5
Washington: Seattle Spokane Tacoma Oregon:	11 3 3	32 34 0	4 6 3	3 1 17	0	0	0	1 0 2	0	7 0 0	
Portland	6	13	11	5	0	4	0	1	0	2	71
Sacramento San Francisco.	20 2 16	38 5 12	0	87 6 6	8 0 1	28 4 14	0 1	0 1	0	2 0 4	285 26 195

	Cerebr	ospinal ingitis	Letl	hargle balitis	Pel	lagra		yelitis (paralysi	
Division, State, and city	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
NEW ENGLAND									
Massachusetts: Boston	3	2	0	1	0	0	1	0	
MIDDLE ATLANTIC							1.7		
New York: New York	6	2	8	3	0	1	1	1	
New Jersey: Newark	0	0	1	0	0	0	0	. 0	
Pennsylvania: Philadelphia	2	1	0	0	0	0	0	0	
EAST NORTH CENTRAL							Í		
Ohio: Columbus	0	0	0	1	0	0	0	0	. (
Illinois: Chicago	1	0	0	0	0	0	1	.0	0
WEST NORTH CENTRAL			n						
Missouri: Kansas City	0	. 0	. 0	0	1	1	0	0	0
Kansas: Tepeka Wichita	1	0	0	0	0	0	0	. 0	
SOUTH ATLANTIC									-
Maryland:									
Baltimore 1	1	0	. 2	0	0	0	1	0	0
Washington	0	0	0	0	0	0	0	0	1
West Virginia: Huntington	0	1	0	0	0	0	0	0	0
South Carolina: Charleston	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis Nashville	0	0	0	0	0	0	0	0	0
WEST SOUTH CENTRAL		1	.						
Louisiana: New Orleans	0	. 0	0	0	2	1	0	0	0
Texas: Houston	0	0	0	0	0	1	. 0	0	0
MOUNTAIN									
Colorado: Denver	. 0	0	0	. 1	0	0	0	0	0
Utah: Salt Lake City	0	1	0	0	0	0	0	0	0
PACIFIC								100	
Washington: Tacoma						6			0
California:	1	0	0	0	0	0	0	0	
Los Angeles	1 1 2	0	0	0	0	0	0	0	0

¹ Typhus fever, 1 case, at Baltimore, Md.

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended February 6, 1926, compared with those for a like period ended February 7, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

rates per 100,000 population—Compared with rates for the corresponding period of 1925 1 Summary of weekly reports from cities, January 3 to February 6, 1926-Annual DIPHTHERIA CASE RATES

		DIPHT	HERL	CASE	KAT	ES				
					Week	ended—				
	Jan. 10, 1925	Jan. 9, 1926	Jan. 17, 1925	Jan. 16, 1926	Jan. 24, 1925	Jan. 23, 1926	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926
163 cities	145	170	167	145	159	142	2 160	3 142	1 169	* 134
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	247 130 122 139 161 110 137 231	139 182 151 283 178 52 189 182 97	173 187 132 247 115 84 185 148	144 151 135 253 141 67 120 127 81	165 174 121 193 144 74 154 231 213	132 137 131 206 152 73 155 155 140	192 155 2 126 243 121 89 141 129 279	118 130 138 261 116 42 142 264 167	185 170 136 247 • 145 58 167 185 257	97 120 119 \$ 220 133 42 138 127
			SLES	CASE 1						
103 cities	207	1, 146	188	973	204	1,335	2 204	3 1, 385	1 242	5 1, 482
New England	381 168 391 18 79 26 4 129 185	3, 094 995 1, 761 148 1, 289 52 0 55 65	424 157 327 12 42 42 22 259 152	2,867 845 1,302 127 1,356 239 17 91 51	479 186 352 26 36 68 13 240 52	2, 572 1, 088 2, 068 156 2, 477 285 13 118 65	467 205 340 20 35 84 13 277 17	2,751 1,185 2,088 3 113 2,280 394 26 100 73	556 204 415 16 446 47 35 758 58	2, 408 1, 347 2, 152 4 406 2, 579 711 34 91 105
	SC.	ARLET	FEVI	ER CAS	SE RA	TES				
103 cities	307	270	344	285	356	292	2 346	3 286	4 397	1 298
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central West South Central Mountain Pacific	637 323 166 733 148 210 141 370 180	295 210 330 580 158 119 112 237 243	542 292 350 731 246 168 110 518	381 237 321 548 186 140 90 319 270	575 325 344 780 190 168 185 296 210	300 237 324 669 186 202 69 373 256	515 299 * 366 756 175 200 194 250 215	378 235 300 3 709 154 109 69 255 334	592 372 398 844 • 241 89 154 324 246	402 200 338 5749 163 119 138 155

The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1925 and 1926, respectively.
 Racine, Wis., not included.
 Kansas City, Mo., not included.
 Wilmington, Del., not included.
 Sioux Falls, S. Dak., not included.

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Summary of weekly reports from cities, January 3 to February 6, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

10 10 10 10	Week ended—									
had made gattredg have \$301 or one to move had reliable	Jan. 10, 1925	Jan. 9, 1926	Jan. 17, 1925	Jan. 16, 1926	Jan. 24, 1925	Jan. 23, 1926	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926
103 cities	- 55	33	56	47	68	35	2 65	3 41	173	14
New England	0	0	0	0	6	0	0	0	0	1
Middle Atlantic	3	0	10	2	6	0	9	1	2	
Middle Atlantic East North Central	38	48	37	37	45	33	1 33	43	36	10
West North Central	213	65	187	51	175	36	189	3 62	141	1.5
South Atlantic	29	43	58	68	35	56	42	58	4 58	10
East South Central	362	47	200	57	620	47	599	21	756	4
West South Central	62	52	31	146	31	99	57 46	125 18	119	152
Mountain	28 141	36	55 202	18 286	199	194	188	205	254	32
	TY	рногр	FEVE	R CA	SE RA	TES				
103 cities	32	13	20	11	17	13	3 17	18	4 13	47
New England	14	31	24	2	19	9	7	9	29	14
Middle Atlantic	49	14	21	16	20	10	19	9	13	1
East North Central	13	11	22	8	10	3	2 10	4	8	:
West North Central	6	2	10	4	6	4	12	12	0	
South Atlantic	52	9	19	8	12	8	35	9	4 16	13
East South Central	47	16	16	16	26	5	21	10	11	21
West South Central	66	22	66	13	40	151	57	17	22 28	4
Mountain	9	9	0	9	46	0	18	18	28	36
Pacific	25	11	6	13	14	16	3	11	17	16
		NFLUE							17	10
Pacific	12	NFLUE	NZA I	DEATH	RAT	ES	3	11	17	10
									17	10
Pacific	12 20	NFLUE	NZA I	23 14	21 10	ES 20 7	2 22 26	11 28 17	17	4 32
96 cities	20 17 20	NFLUE	NZA I	23 14 16	21 10 29	20 7 14	2 22 26 13	1 28 17 18	4 29 46 24	132
Pacific	20 17 20 15	21 9 18 12	NZA I	23 14 16 11	21 10 29 17	20 7 14 8	2 22 26 13 3 11	11 28 17 18 12	4 29 46 24 12	130
96 cities	20 17 20 15 13	21 9 18 12 8	NZA I	23 14 16 11 19	21 10 29 17 19	20 7 14 8 10	2 22 26 13 2 11 15	11 28 17 18 12 17	4 29 46 24 12 19	* 38 12 20 12 14
96 cities New England Middle Atlantic East North Central West North Central South Atlantic	20 17 20 15 13 33	21 9 18 12 8 15	NZA I	23 14 16 11 19 23	21 10 29 17 17 19 21	20 7 14 8 10 39	2 22 26 13 11 15 36	11 28 17 18 12 17 36	4 29 46 24 12 19 44	138 12 20 12 19 68
96 cities	20 17 20 15 13 33 42	21 9 18 12 8 15 83	21 26 18 14 2 42 42	23 14 16 11 19 23 88	21 10 20 17 19 21 58	20 7 14 8 10 39 57	2 22 26 13 2 11 15 36 68	11 28 17 18 12 17 36 73	4 29 46 24 12 19 444 63	10 12 20 12 13 168 104
96 cities	12 20 17 20 15 13 33 33 42 39	21 9 18 12 8 15 8 15 83	21 26 18 14 2 42 42 42 82	23 14 16 11 19 23 88 80	21 10 29 17 19 21 58 87	20 7 14 8 10 39 57 94	2 22 26 13 11 15 36 68 77	11 28 17 18 12 17 36 73 131	4 29 46 24 12 19 44 63 92	10 12 20 12 19 68 100 186
96 cities	20 17 20 15 13 33 42	21 9 18 12 8 15 83	21 26 18 14 2 42 42	23 14 16 11 19 23 88	21 10 20 17 19 21 58	20 7 14 8 10 39 57	2 22 26 13 2 11 15 36 68	11 28 17 18 12 17 36 73	4 29 46 24 12 19 444 63	16 138 12 20 12 19 68 68 100 186 100 67
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mest South Central Mountain	12 20 17 20 15 13 33 34 42 29 18 18	21 9 18 12 8 15 83 47 46	21 26 18 14 2 42 42 42 42 28 11	23 14 16 11 19 23 88 80 64 46	21 10 29 17 19 21 58 87 9 11	20 7 14 8 10 39 57 94 18 39	2 22 26 13 11 15 36 68 77 37	11 128 17 18 12 17 36 73 151 73	4 29 46 24 12 19 44 63 92 55	10 133 12 20 12 19 68 100 180
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mest South Central Mountain	12 20 17 20 15 13 33 34 42 29 18 18	21 9 18 12 8 15 8 15 83 47 46 57	21 26 18 14 2 42 42 42 42 28 11	23 14 16 11 19 23 88 80 64 46	21 10 29 17 19 21 58 87 9 11	20 7 14 8 10 39 57 94 18 39	2 22 26 13 11 15 36 68 77 37	11 128 17 18 12 17 36 73 151 73	4 29 46 24 12 19 44 63 92 55	10 133 12 20 12 19 68 100 180
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic Est South Central West South Central Mest South Central Pacific 96 cities	20 17 20 15 13 33 42 29 18 18	21 9 18 12 8 15 83 47 46 57	21 26 18 14 2 42 42 42 82 28 11	23 14 16 111 19 23 88 80 64 46	21 10 29 17 19 21 58 87 9 11	20 7 14 8 10 39 57 94 18 39 ES	2 22 26 19 11 15 36 68 77 31 18	11 28 17 18 12 17 36 73 151 73 78 194 144	4 29 46 24 12 19 44 63 92 55 36	10 4 38 12 20 13 19 68 100 180 167 200 201
Pacific	20 17 20 15 15 13 33 34 22 23 39 18 18	21 9 18 12 8 15 83 47 46 57 NEUM	21 26 18 14 2 42 42 42 82 28 11	23 14 16 11 19 23 88 80 64 46 DEATI	21 10 29 17 19 21 58 87 9 11 4 RAT	20 7 14 8 10 39 57 94 18 39 ES	2 22 26 11 11 13 36 68 77 37 18	11 28 17 18 12 17 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 252	10 4 38 12 20 13 4 19 68 104 186 106 67
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic East South Central Mest South Central Mountain Pacific 96 cities New England Middle Atlantic	120 17 20 15 13 33 34 42 39 18 18	21 9 18 12 8 15 83 47 46 57	21 26 18 14 2 42 42 82 28 11 200 NIA 206 151 1	23 14 16 11 19 28 88 80 64 46 DEATI	21 100 29 17 19 21 58 87 9 11 1 RAT 202 208	20 7 14 8 10 39 57 94 18 39 ES	2 22 26 19 11 15 36 68 77 31 18	11 28 28 17 18 12 17 36 73 151 73 78 144 217 136	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 252 152	10 4 38 12 12 19 68 100 186 100 67
Pacific	12 20 17 20 15 13 33 42 39 18 18 18	21 9 18 12 12 15 83 47 46 57 NEUM 220 246 229	21 26 18 14 2 2 2 42 42 42 82 28 11 ONIA	23 14 16 11 19 23 88 64 46 DEATI	21 10 29 17 19 21 58 87 9 11 4 RAT 202 208 233	20 7 14 8 10 39 57 94 18 39 ES	2 22 26 26 11 15 36 68 77 18 2 198 2 229 2 136 2 131 1 14	3 28 17 18 12 17 36 73 151 73 78	4 29 46 46 24 12 19 44 63 92 55 36 4 214 204 252 156 156	10 4 33 21 21 21 21 21 21 21 21 21 21 21 21 21
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic East South Central Most South Central Mountain Pacific 96 cities New England Middle Atlantic East North Central	12 20 17 20 15 13 33 42 39 18 18 18	21 9 18 12 8 15 83 47 46 57 NEUM 220 246 229 176	21 26 18 14 2 42 42 42 42 82 28 11 ONIA	23 14 16 111 19 28 88 60 64 46 DEATI	21 10 29 17 19 21 58 87 9 11 1 RAT 202 208 233 132	20 7 14 8 10 39 94 18 39 ES	2 22 26 11 11 15 36 68 77 37 18 232 229 2136 114 238	11 28 17 18 12 17 18 17 17 17 17 17 17	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 205 106 4 295	1 33 32 32 32 32 32 32 32 32 32 32 32 32
Pacific 96 cities 96 cities 96 cities 96 cities 97 central 98 cent	12 20 17 20 15 13 33 42 39 18 18 18	21 9 18 12 12 15 83 47 46 57 NEUM C 220 246 229 176 146	21 26 18 14 242 42 42 82 28 11 0NIA	23 14 16 111 19 28 88 60 64 46 DEATI	21 10 20 17 19 21 28 87 9 11 11 11 11 11 11 11 11 12 12	20 7 14 8 10 39 57 94 18 39 ES 199 210 227 139 81 287 228	2 22 26 19 11 15 36 37 18 3 198 232 229 114 238 278	11 28 28 17 18 12 17 36 73 151 73 78 194 144 217 136 2106 284 208	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 252 156 4 214 204 252 106 4 295 299	10 4 38 12 20 6 6 5 10 10 16 8 6 6 7 2 20 6 20 1 21 3 4 1 2 3 3 4 4 4 3 4 4 6 1 2 5 1 2 5 1 2 6
Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic Est South Central West South Central Mountain Pacific 96 cities New England Middle Atlantic East North Central West North Central South Atlantic East North Central South Atlantic Est South Central	12 20 17 20 15 13 33 42 23 39 18 18 18 18 117 227 143 87 232 268	21 9 18 12 28 15 83 47 46 46 57 NEUM 220 246 229 176 140 289	21 26 18 14 2 42 42 82 28 11 200 NIA 206 151 259 143 104 271	23 14 16 111 19 28 88 60 64 46 DEATI	21 10 29 17 19 21 58 87 9 11 1 RAT 202 208 238 132 117 242	20 7 14 8 10 39 94 18 39 ES	2 22 26 11 11 15 36 68 77 37 18 232 229 2136 114 238	3 28 17 18 12 17 36 73 151 73 78 3 194 217 136 210 217 136 217 218 217 218 217 218 218 218 218 218 218 218 218	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 252 156 4 295 295 295 295 295 295 295 295	10 4 33 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16
Pacific 96 cities 96 cities 96 cities 96 cities 97 central 98 cent	12 20 17 20 15 13 33 42 2 39 18 18 18 17 127 143 87 232	21 9 18 12 8 15 83 47 46 57 NEUM 220 246 229 176 289 332	21 26 18 14 2 42 42 42 28 28 11 ONIA 206 151 259 143 104 271 173	23 14 16 11 19 23 88 64 46 DEATH	21 10 20 17 19 21 28 87 9 11 11 11 11 11 11 11 11 12 12	20 7 14 8 10 39 57 94 18 39 ES 199 210 227 139 81 287 228	2 22 26 19 11 15 36 37 18 3 198 232 229 114 238 278	11 28 28 17 18 12 17 36 73 151 73 78 194 144 217 136 2106 284 208	17 4 29 46 24 12 19 44 63 92 55 36 4 214 204 252 156 4 214 204 252 106 4 295 299	10 4 38 12 20 6 6 5 10 10 16 8 6 6 7 2 20 6 20 1 21 3 4 1 2 3 3 4 4 4 3 4 4 6 1 2 5 1 2 5 1 2 6

Racine, Wis., not included.
 Kansas City, Mo., not included.
 Wilmington, Del., not included.
 Sioux Falls, S. Dak., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

Group of cities	Number of cities reporting	Number of cities reporting	Aggregate of cities cases	population reporting	Aggregate population of cities reporting deaths		
	cases	deaths	1925	1926	1925	1926	
Total	103	96	29, 944, 996	30, 473, 129	29, 251, 658	29, 764, 201	
New England Middle Atlantic. East North Central West North Central South Atlantic East South Central West South Central West South Central Mountain Pacific	12 10 16 14 21 7 8 9 6	12 10 16 11 21 7 6 9	2, 176, 124 10, 346, 970 7, 481, 656 2, 594, 962 2, 716, 070 993, 103 1, 184, 057 563, 912 1, 888, 142	2, 206, 124 10, 476, 970 7, 655, 436 2, 634, 662 2, 776, 070 1, 004, 953 1, 212, 057 572, 773 1, 934, 084	2, 176, 124 10, 346, 970 7, 481, 656 2, 461, 380 2, 716, 070 993, 103 1, 078, 198 563, 912 1, 434, 245	2, 206, 124 10, 476, 970 7, 655, 436 2, 499, 036 2, 776, 070 1, 004, 953 1, 103, 695 572, 773 1, 469, 144	

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended January 23, 1926.—The following report for the week ended January 23, 1926, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva:

	Pia	gue -	Cho	iera	Smallpox	
Port	Cases	Deaths	Cases	Deaths	Cases	Deaths
`alcutta		0		50	56	2
lombay		0		0	13	-
dadras		0		10	10	
langoon		4		0	7	
Carachi		0		0	3	
egapatam		0		3	0	
olombo	0	0	0	0	1	
lasra	0	0	0	0	8	
ingapore	0	0	0	0	0	
ort Swettenham		0	0	0	0	
enang		0	0	0	Õ	
atavia	0	0	0	0	Ö	
œrabaya	i o	o o	0	0	3	
amarang		ő	0	0	0	
Belawan Deli		0	0 1	ő	ő	
adang (Sumatra)	0	ő	0	ő	0	
abang (Rhio)	0	0	ő	0	0	
facassar	. 2	2	0	0	0	
ontianak (Borneo)		ő	0	0	0	
andakan (North Borneo)	0	0	0	0	0	
Luching (Sarawak)	0	0	0	0	1	
imor Dilly	-	0	0	0	Ô	
fanila	0	0	4	2	0	
amboanga	0	0	0	ő	0	
ambanga	2	1	30	23	8	
aigon and Cholon		ô	0	0	0	
laiphong		. 0	0	0	ő	
ourane	0	0	0	0	0	
longkong	0	0	0	0	0	
hanghai	0	0	0	0	U	
moy	0	0	0	0	2	
Vagasaki	0	. 0	0	0	ő	
okohama	0	0	0	0	0	
imonoseki	0	0	0	o l	. 0	
foji	0	0	0	0	ő	
lobe	0	0	1 0	0	Ö	
saka	0	0	1	0	0	
ligata	0	0	ô	0	0	
suruga	0 1	0	0	0	0	
lakodate	0 1	0	0	0	0	
celung	0	. 0	0	ő	ő	
usan	0	0	0	0	0	
airen	0	. 0	0	0	1	
delaide	0	0	0	0	Ô	
risbane	0	0	0	0	0	
remantle	0	0	ő	0	0	
felbourne	0	0	0	0	0	
ydney	0	0	0	0	0	
lockhampton	0	9	0	0	0	
'ownsville	0	0	0	0	ő	
ort Darwin	0	0	0	0	0	
broome	0	0	0	0	ő	
Port Moresby	0	0	0	0	0	
uckland	0	0	0	0	o	

authority to Investment to the	Pla	gue	Cho	lera	Smallpox	
Port	Cases	Deaths	Cases	Deaths	Cases	Deaths
Wellington	0	0	0	0	0	
Christchurch	. 0	0	0	0	0	
Invercargiil	0	0	0	0	0	
Honolulu	0	0	0	0	0	(
Suez	0	0	0	0	0	
Alexandria	0	0	0	0	0	
Port Said	0	0	0	0	0	
Mombasa (Kenya)	0	0	0	0	0	1
Massowah	0	0	0	0	0	
Djibuti	0	0	0	0	0	
Mozambique	0	0	0	0	1	
Lourenco Marques	0	0	0	0	0	
Durban	0	0	0	0	0	
East London	0	0	. 0	0	0	
Port Elizabeth	0	0	0	0	0	
Cape Town	0	0	0	0	0	
Port Louis (Mauritius)	0	0	0	0	0	(
Seychelles	0	0	0	0	0	(

BRAZIL

Plague—Bahia.—During the week ended January 2, 1926, one case of plague with one death was reported at Bahia, Brazil.

CANADA

Communicable diseases—January 31-February 6, 1926.—The following table shows the number of cases of certain communicable diseases in seven Provinces of Canada during the week ended February 6, 1926. The information was supplied by the Canadian Ministry of Health.

Disease	Nova Scotia	New Bruns- wick	Quebec	Ontario	Mani- toba	Sas- katche- wan	Alberta	Total
influenza Cerebrospinal fever Poliomyelitis	17			1				1
malipox			9	9	2 2	16	6	- 111

CHINA

Disease prevalence—Chinese Eastern Railway—1922-1924.—Prevalence of disease among the railway population on the line of the Chinese Eastern Railway during the years 1922 to 1924, inclusive, has been reported as follows:

MADAGARGAR		Cases	
Disease	1922	1923	1924
Influenza Malaria Scarlet fever	12, 379 2, 198 198 520	8, 991 1, 201 370	8, 846 790 301
Tuberculosis Typhoid fever	520 1, 160	1, 135	1, 016 255

COLOMBIA

Rodent plague reported in Buenaventura, Colombia.—Information received under date of February 12 states that a plague-infected rat has been reported in Buenaventura, Colombia.

CUBA

Communicable diseases—Habana—January 1-31, 1926.—During January, 1926, communicable diseases were reported at Habana, Cuba, as follows:

Disease	New cases	Deaths	Remain- ing under treat- ment Jan. 31, 1926	Disease	New cases	Deaths	Remaining under treatment Jan. 31, 1926
Chicken pox Diphtherla Leprosy Malaria i	30 13 65		20 2 8 25	Measles Scarlet fever Typhoid fever	67 14 20	3 1 5	18 6 14

¹ Many of these cases from the interior.

Leprosy—Tuberculosis—Isle of Pines.—Under date of February 2, 1926, 2 cases of leprosy and 55 cases of tuberculosis were reported present in the Isle of Pines, Cuba. Population, 4,228.

JAMAICA

Smallpox (reported as alastrim)—December 27, 1925-January 30, 1926.—During the five-week period ended January 30, 1926, 90 cases of smallpox (reported as alastrim) were notified in the island of Jamaica at localities outside of the parish and city of Kingston, and 48 cases in Kingston.

Other diseases.—Occurrence of other diseases was noted during the same period as follows: Cerebrospinal meningitis, 1 case; chicken pox, 8 cases; leprosy, 1 case; ophthalmia neonatorum, 2 cases; tuberculosis (pulmonary), 44 cases (Kingston, 12 cases); typhoid fever, 61 cases (Kingston, 8 cases).

Total mortality, November-December, 1925.—The total number of deaths from all causes reported in the island was, for the month of November, 1925, 130, and for December, 1925, 111. Population, estimated, 858,118; population of Kingston, 62,707.

MADAGASCAR

Plague—November, 1925.—During the month of November, 1925, 232 cases of plague, with 220 deaths, were reported in the island of Madagascar. For distribution of occurrence according to locality and type of disease, see page 410.

MAURITIUS

Plague—November, 1925.—During the month of November, 1925, two cases of plague, with one death, were reported on the island of Mauritius. The cases occurred at Pamplemousses and Port Louis.

MEXICO

Fatal case of typhus fever—Vera Cruz—February 12, 1926.—A fatal case of typhus fever was reported at Vera Cruz, Mexico, February 12, 1926. The case occurred in a native of the State of Campeche who arrived sick from Mexico City.

SALVADOR

Mortality—October and November, 1925.—Mortality from all causes in the Republic of Salvador for the months of October and November, 1925, has been reported as follows: October, 2,527 deaths; November, 2,679 deaths. Population, estimated, 1,500,000.

Prevalent diseases.—The most prevalent diseases reported in the Republic during the two months under report were malarial and other tropical fevers. In the city of San Salvador (population 83,000) a total of 27 deaths from tuberculosis was reported during the same period.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended February 26, 1926 1

Place	Date	Cases	Deaths	Remarks
India			March 100	Nov. 29-Dec. 12, 1925; Cases.
Calcutta Madras Philippine Islands:	Dec. 27-Jan. 2 Jan. 3-16	10 26	9 22	Nov. 29-Dec. 12, 1925: Cases, 4,752; deaths, 2,756.
ManilaProvince—	Jan. 4-10	1	7	10 min
Laguna	Dec. 20-26	2	1	
Bangkok	Dec. 20-26 Dec. 27-Jan. 2	61 23	. 32	Secretary Control of the

PLAGUE

Brazil: Bahia Colombia: Buenayentura	Dec. 27-Jan. 2	1	1	Feb. 12, 1926: Plague-infected
India. Bombay	Jan. 3-9	2	2	rat. Nov. 29-Dec. 12, 1925: Cases, 2, 543; deaths, 1,869.
Rangoon Java: Batavia Soerabaya	Dec. 20-26 Dec. 26-Jan. 1 Dec. 6-19	46 15	43 15	Mpater V streets Vision of Small Allins

¹ From medical officers of the Public Health Service, American consuls, and other sources.

Reports Received During Week Ended February 26, 1926-Continued

		-	
PLA	GUE-	-Cont	inued

Place	Date	Cases	Death	Remarks
Madagascar				Nov. 1-30, 1925: Cases, 232: deaths, 220.
Locality-				deaths, 220.
Fort Dauphin Itasy Province (Mia-	Nov. 16-30	1 13		Bubonic, 8; pneumonic, 2; sep-
rinarivo),		8	1	ticemie 3
Moramanga Province		8		Bubonie, 3; pneumonie, 3; sep- ticemie, 2.
Tamatave (port) Tananarive Province—	do	5	5	Bubonic.
Tananarive Town.	do	11	11	Bubonic, 6; pneumonic, 1; sep- ticemic, 4
Other localities	do	194	182	Bubonic, 4 Bubonic, cases, 52; deaths, 45; pneumonic, 94, 89; septicemic, 48, 48.
Mauritius				November, 1925: Cases, 2; deaths,
Pamplemousses	Novemberdo	1	1	L.
	ew.	LLPOX	-	
	SMA	LLPOX		
Arabia:				Romaline studies that to
AdenCanada	Jan. 10-16	2	1	Jan. 31-Fe . 6, 1926: Cases, 33.
Alberta	Jan. 31-Feb. 6	6		
Manitoba Ontario	do	2 9		or I william the set in the
Saskatchewan Ceylon:	do	16		
Colombo	Jan. 3-9	2		Port cases.
Manchuria—	De- 01.07	6	LL DER	SUDJETS JESTIMAN
Dairen Do South Manchuria—	Dec. 21-27 Dec. 28-Jan. 3	11	2	
An-shan	Jan. 10-16	1		South Manchurian Railway.
Changehun	do	1 2		Do. Do.
Kai-yuan Swatow	do	2		Prevalent.
Egypt: Alexandria	Jan. 8-14	2	1	Section of Internal Parameter
Great Britain:	Jan. 17-23	2	1	the print to be a partial and a
Leeds Newcastle-on-Tyne	do	6		
Sheffield	Jan. 10-23	8		N 00 Dec 10 1001: Com
India	*******	*******		Nov. 29-Dec. 12, 1925: Cases, 4,782; deaths, 1,013
Bombay	Dec. 20-26 Dec. 27-Jan. 9	4	4	4,44,444
Do Calcutta	Dec. 27-Jan. 9 Dec. 27-Jan. 2	26 30	13 13	
Karachi	Jan. 3-9 Jan. 3-16	3	2	
Madras	Jan. 3-16	15	4	
Rangoon Indo-China (French):	Dec. 20-26	1		
Saigon.	Dec. 21-27	2	1	
raq: Bagdad	Dec. 27-Jan. 2	.5	2	
Jamaica	***************************************			Dec. 27, 1925-Jan. 30, 1926; Cases, 90 (reported as alastrim). Lo-
Vinanton	Dec. 27-Jan. 30	* 48		90 (reported as alastrim). Lo- calities outside Kingston. Reported as alastrim.
Kingston	Contraction Contraction			Reported as mustrum.
Soerabaya	Dec. 6-19	114	20	
San Luis Potosi	Jan. 31-Feb. 6		11	Prevalence stated to be decreas- ing.
Portugal:	D 00 1 10			
Lisbon	Dec. 28-Jan. 17		17	
Bangkok	Dec. 20-25 Dec. 26-Jan. 2	3	1 3	
Spain:				
Malamaia	Jan. 17-30	5		
Valencia. Jnion of South Africa:	vau. 11-00		1	
Jnion of South Africa: Orange Free State— Ladybrand district Transvaal—	1.77 - 2 103 2		1	Outbreaks.

Reports Received During Week Ended February 26, 1926—Continued

Place	Date	Cases	Deaths	Remarks
Bulgaria: Sofia	Jan. 8-14	2		
China:	7 MM . O 17			
Antung	Jan. 4-10	1		
Egypt:				and the same of the latest terminal
Alexandria	Jan. 8-14	1 2		
Cairo	Nov. 5-11	2	2	
Greece:	Dec. 29-Jan. 4			
Saloniki Mexico:	Dec. 29-Jan. 4	1	********	
Mexico:	Jan. 24-30	10		Including municipalities in Fed
Vera Cruz	Feb. 12	10	1	eral District.
Union of South Africa: Transvaal—	FC0. 12			1 7 1
Bloemhof district	Dec. 27-Jan. 2			Outbreaks. On farm.

Reports Received from December 26, 1925, to February 19, 1926 1 CHOLERA

Place	Date	Cases	Deaths	Remarks
IndiaCalcuttaDoMadrss	Nov. 1-28 Dec. 6-26 Nov. 15-Jan. 2	101 51 174	89 54 70	Oct. 18-Nov. 28, 1925: Cases, 10, 991; deaths, 6,498.
Rangoon	Nov. 8-Dec. 5	4	4	September, 1925: Cases, 9; deaths,
Province— Annam Cochin China. Tonkin	Sept. 1-30dododododododo	2 5 2 409	2 3	5. September, 1924: Cases, 7; deaths, 4. (European eases, 2.) September, 1924: None. September, 1924: l case; I death. September, 1924: None.
Philippine Islands:	Aug. 30-000.17	400		, tubgati
Manila Do	Nov. 9-Dec. 5 Dec. 14-Jan. 3	8 7	6	areas and the second
Provinces— Bataan Bulacan	Nov. 30-Dec. 13 Oct. 18-Nov. 7 Nov. 23-Dec. 13	10 92 179	8 64 60	potter2
	do	16	18	Triberal Projects
Nueva Ecija Pampanga	Nov. 1-7	6	2	in Social
Rizal	Nov. 23-Dec. 19 Sept. 27-Nov. 21	102 73	75 21	adament.
Russia	Dec. 7-13 May-June	23	12	en. Logar
Do Siam:	July-August	4		Mademater
Bangkok	Oct. 4-Nov. 14 Nov. 22-Dec. 19	108 200	68 117	SET GLOST TO
On vessel: Steamship	Oct. 3	9		Arrived at Bangkek, Siam; 9 cases in coolie passengers.

PLAGUE

1				
Argentina			Jan. 24-30, 1926: Six cases, occur- ring in interior provinces of Salta and Santa Fe.	
Brazil: Bahia Nov. 8-14. Santos Dec. 8-21. British East Africa:	2	2	Magazia Program	
Kisumu Nov. 22-D Uganda Protectorate SeptOct.		2 233	operation of	

¹ From medical officers of the Public Health Service, American consuls, and other sources.

Reports Received from December 26, 1925, to February 19, 1926-Continued

PLAGUE-Continued

				Remarks
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	Jan. 7	1	1	
Do	Dec. 18-27	3		
Ceylon: Colombo	Nov. 15-28	3	3	
Do	Nov. 29-Dec. 5			1 plague rodent.
Do	Dec. 27-Jan. 2	1	1	
China: Nanking	Nov. 15-Jan. 2			Prevalent.
Ecuador: Eloy Alfaro	Jan. 1-15	1		to be a final and
Guayaquil	Nov. 1-Dec. 31		12	
Ďo	Jan. 1-15	31 15	5	Rats taken, Nov. 1-Dec. 31, 1925
Recreo (country estate)	do	1		49,370; rats found infected, 281
				Rats taken, Jan. 1-15, 1926 11,864; rats found infected, 80
Pauri	to the same of the same of	1 1 1 1	1517 1119	Ion 1-Doe 9 1925 Cases 138
Beni Suef	Nov. 18	1	1	Jan. 1-Dec. 9, 1925: Cases, 138 Corresponding period, 1924
Fayoum Province	Dec. 3-9	i	î	Cases, 365.
Athens	Nov. 1-30	18	4	Including Piraus.
Patras	Nov. 1-30 Nov. 13-Dec. 12	4	1	
India				Oct. 18-Nov. 28, 1925: Cases
Bombay	Dec. 6-12	1	1	7,420; deaths, 5,031.
Calcutta	do	1	1	
Karachi	Nov. 1-Dec. 19	4	3	
Madras	Oct. 25-Nov. 7 Nov. 15-21	75 35	41 22	
DoRangoon	Oct. 25-Dec. 12	19	12	
Indo-China				September, 1925: Cases, 17
Province—				deaths, 16, September 1924 Cases, fatal, 12.
Cambodia	Sept. 1-30	11	11	September, 1924: Cases, 9 deaths, 9.
Coehin China	SeptOct	14	12	September, 1924: 1 case, 1 death
Bagdad	Dec. 13-Jan. 2	7	3	
Java:	0		- 00	Promines
Batavia Do	Oct. 24-Nov. 6 Nov. 14-Dec. 25	94 265	89 254	Province.
Cheribon	Sept. 27-Oct. 17	200	166	
Do.	Nov. 15-28		59	
Djokjakarta	Oct. 20-Nov. 9			Epidemic in one 1 ality.
Kediri	Dec. 7			Do.
Pekalongan	Sept. 27-Oct. 17		42	
Do	Nov. 8-28		80	Do.
Rembang	Oct. 20	37	37	100.
Tegal	Sept. 27-Oct. 17	6	6	
Do	Nov. 8-28		14	
Madagascar: Province—		1		
Itasy	Sept. 16-Oct. 31	20	20	177
Moramanga	do	17	17	100
Tananarive	do	174	159	1000
Fort Dauphin	Sopt. 16-Oct. 15	5	2	and the second s
Tamatave (port)		3	2	
Do		4	4	
Tananarive	Sept. 16-30	2	2	
Mauritius Island	Sept. 20-Nov. 14	9	9	
Pamplemousses	Oct. 1-31	2	2	_
Port Louis	do	3	******	A contract of the contract of
Rivière du Rempart Netherlands India: Celebes Island—	do	2	********	
Makassar	Dec. 12	1		Epidemic.
Nigeria	August-September	349	267	Lapraciant.
			201	The second second second
Peru:		4.0		Port 60 miles north of Callao.
HuachoLima		15 20		In hospital. Some cases in prov

Reports Received from December 26, 1925, to February 19, 1926-Continued

PLAGUE-Continued

Place	Date	Cases	Deaths	Remarks
Russia	May-Jure-	67		
Do	July-August	139		
Senegal	September - Octo- ber.	45	25	
Siam	Aug. 23-Oct. 13	50	40	
Bangkok	Nov. 15-28	3	3	
Singapore	Nov. 1-Dec. 5	8	8	
Beirut	Nov. 11-20	1		
Cape Province-	D 10 10			
Kimberley district	Dec. 13-19	1		
Middleburg district	Dec. 6-12	1		European.
Steynsburg district Orange Free State—	Nov. 15-21	1		Native. On farm.
Boshof district	Nov. 29-Dec. 5	1	1	In native.
Bothaville district	Dec. 6-12	1	1	Native. On farm.

SMALLPOX

Algeria:		1	113	
Algiers	Nov. 21-Dec. 31	177	1	
Do	Jan. 1-10			
Arabia:		1		
Aden	No. 29-Dec. 5	. 1		Imported.
Argentina:		1	1	Amportor at
Rosario	October		1	
Australia:	000000000000000000000000000000000000000	1	1	
Queensland—				
Brisbane	Dec. 9-15	. 1		
Brazil:	Dec. 8-10			-
Rio de Janeiro	Nov. 1-28	134	72	
	Dec. 6-26	65	26	
Do British East Africa:	Dec. 0-204	- 65	20	
Kenya-	Man 15 Day 10	1 44		
Mombasa	Nov. 15-Dec. 19		6	
Uganda Protectorate	Sept. 1-Oct. 31	. 8	4	
British South Africa:	** **	-		
Southern Rhodesia	Nov. 13-Dec. 23	. 3		Control of the Contro
Canada				Sept. 13-Jan. 2: In 7 Provinces,
Alberta	Jan. 10-23	17		186 cases; Jan. 3-23, 1926, cases,
				115.
Calgary	Dec. 13-19	. 1		From Drumheller, vicinity of
				Calgary.
British Columbia—				
Vancouver	Jan. 4-10	1		
Manitoba	Jan. 3-30	. 18		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Winnipeg	Dec. 13-19	2		
Do	Jan. 3-Feb. 6	9		1000
New Brunswick-		1		
Northumberland	Dec. 6-13	1	Latin mil	
Ontario				December, 1925; Cases, 32;
				deaths, 1. January, 1926: Cases, 80.
Admaston	Jan. 1-31	11		
Ottawa	Dec. 6-12.	2		
Do	Jan. 3-Feb. 6	2		
Toronto	Dec. 27-Jan. 2	ī	******	
Do	Jan. 3-23	21		
Trenton	Jan. 1-31	7	*******	
Saskatchewan	Jan. 3-23	15		
Moose Jaw	do	2		
Regina.	Jan. 24-30	1		
Ceylon:	Jan. 21-00		********	
Colombo	Dec. 6-12	1	THE PARTY	D
China;	Dec. 6-12	1		Port case.
	O-1 OF The 10	1	000	
Amoy	Oct. 25-Dec. 19		1	D. HILLIAM STREET, S.
Antung.	Dec. 7-20	2		O
Chungking	Nov. 15-Jan. 9			Present.
Foochow.	Nov. 1-Jan. 9			Do.
Hankow	Nov. 14-Dec. 28	4		
Hongkong.	Jan. 10-16	1		
	Nov. 22-Dec. 26	4		

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Reports Received from December 26, 1925, to February 19, 1926—Continued SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
a		-		
China—Continued. Manchuria—				
An-shan	Dec. 6-12	1		
Dairen	Dec. 6-12 Oet. 19-Dec. 20 Oct. 24-Nov. 15	67	15	
Mukden	Oct. 24-Nov. 15	1		
Mukden Tieh-ling		2		
Nanking.	Now 21. The 96			Present.
Do	Dec. 27-Jan. 2			Do.
Shanghai	Dec. 27-Jan. 2 Oct. 25-Jan. 2 Jan. 3-9 Nov. 22-Jan. 9	37	36	
Do	Jan. 3-9	9	16	Cases, foreign.
Swatow	Nov. 22-Jan. 9			Do.
Tientsin	Nov. 1-Dec. 19	. 2		
Egypt:	D			THE PARTY OF THE PARTY OF
Alexandria	Dec. 3-31	5	2	Contember October 1995: Cares
France				September, October, 1925: Cases,
0-11-0	Contember 1995	14	4	VI.
Gold Coast	September, 1925	1.0	1	
Great Britain:	Nov. 15-Dec. 26	790	9 9	
England and Wales	Dec 97 Inn 92	1, 161		
. Do	do	20		1.00
Newcastle-on-Tyne	Nov. 29-Dec. 19 Dec. 27-Jan. 16 Nov. 22-Dec. 26 Dec. 27-Jan. 0	6		
	Dec 27-Jan 16	2		
Nottingham	Nov 22-Dec 26	9		
Nottingnam	Dec 27-Ian 0			
DoSheffield	Nov. 22-Dec. 12	7		
Do	Dec 20-26	3		
Do	Dec. 20-26 Dec. 27-Jan. 9	2		
Greece	Dec. Er sam. c			Oct. 1-31, 1925: Cases, 16.
Athens	Nov. 1-30	17	1	
India				Oct. 18-Nov. 28, 1925: Cases,
AMMIN				8,827; deaths, 1,915.
Bombay	Nov. 8-Dec. 19	22	16	
Calcutta.	Nov. 8-Dec. 19 Nov. 29-Dec. 26	48	25	
Karachi	Nov 1-21	23		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Do	Nov. 20-Dec. 5	4	2	
Do	Nov. 29-Dec. 5 Dec. 13-19 Dec. 29-Jan. 2 Nov. 15-Dec. 26	- 3		
Do	Dec. 29-Jan. 2	7	2	BOOK TO THE PROPERTY.
Madras	Nov. 15-Dec. 26	17	5 1	
Do	Dec. 27-Jan. 2 Oct. 25-Nov. 28	. 3	1	
Rangoon	Oct. 25-Nov. 28	3		A SECURE OF THE PROPERTY OF THE PARTY OF THE
Do	Dec. 6-19	3	1	2
Indo-China				September-October, 1925: Cases, 204; deaths, 62. September, 1924: Cases, 78; deaths, 22.
Province-			111111111111111111111111111111111111111	
Annam	Sept. 1-Oct. 31	90	23	September, 1924: Cases, 8;
Cambodia		72	30	deaths, 2. September, 1924: Cases, 16;
	Company of the second	61	30	deaths, 1. September, 1924: Cases, 43;
Cochin China			30	deaths 10
Tonkin	do	22		September, 1924: Cases, 11.
Iraq				Sept. 6-Oct. 17, 1925: Cases, 81;
Bagdad	Nov. 1-14	15	11	denths, 40.
Do	Nov. 22-Dec. 26 Dec. 27-Jan. 2		11	
Do	Dec. 27-Jan. 2	1		Ann 9 Oct 21 1025 Cases 28
Italy		1	********	Aug. 2-Oct. 31, 1925: Cases, 38.
Rome	Oct. 12-25		********	Nov. 27-Dec. 26, 1925: Cases, 52.
Jamaica	37	43		Reported as alastrim
Kingston	Nov. 27-Dec. 28	. 30		reported as sustim
Japan: Taiwan	Nov. 11 Dec 10	3	A CONTRACTOR	
Yokohama	Nov. 11-Dec. 10 Dec. 14-20	i	*********	
lava:	Dec. 11-20			
Batavia	Oct. 24-30	1	1.2.30	
Do	Nov. 14-Dec. 25	7		
Cheribon	Nov. 14-Dec. 25 Nov. 8-14	1		
Kraksaan	Oct. 11-17	11		PRINCE BY A PRINCE BY
Malang	do	2		The second second
North Bantam	Oct. 4-17	4		The second second
Pekalongan	Oct. 4-17 Oct. 25-31	1		
Probolingo	Oct. 11-17	1		The state of the s
Soerabaya.	Oct. 11-17 Oct. 11-Dec, 5	467	68	
South Bantam	Oct. 11-17.	-1		
Tegal	Oct. 4-10	9	1	
Malta		14		

Reports Received from December 26, 1925, to February 19, 1926-Continued

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16; 43; 81;

52.

Ches	TIDO	K-Con	Lament
SMA	LLPU	-COB	emuea

Place	Date	Cases	Deaths	Remarks
Mexico				July-September, 1925: Deaths,
Aguascalientes	Dec 19 Jon 9	4	9	1,157.
	Dec. 13-Jan. 2 Jan. 3-30		3 7	1,104.
Do	Jan. 3-30		1	
Durango	Dec. 1-31			
Do	Jan. 1-31		2	
Guadalajara	Feb. 1		1	
Mexico City	Nov. 22-Jan. 2			Including municipalities in Fed-
Do	Jan. 2-23	29		eral District.
San Luis Potosi	Jan. 24-30		2	
Tampico	Dec. 21-Jan. 2	1	1	
Do	Jan. 2-31			
	Nov. 1-Dec. 31		51	
Torreon		100		
Nigeria	August-September	103	1	
Persia:				
Teheran	July 23-Sept. 22		203	
Peru:	part or police of		1	21/2
Arequipa	Oct. 1-31		1	The second secon
Poland				Nov. 1-7, 1925: Cases, 8.
Portugal:		*******		
Lisbon.	Oct. 4-31	101		
	Nov. 16-Dec. 27	124	60	No. of the second
Do		******	00	
Do	Nov. 14-Dec. 26	187		
Do	Dec. 27-Jan. 16			to the Control of the
Oporto	Nev. 22-Dec. 19		3	
Do	Dec. 27-Jan. 2	1		The same of the sa
Russia				May-June, 1925; Cases, 2,333.
				Later than previously pub- lished reports.
Do	July-August	760		A COLUMN TO THE REAL PROPERTY AND A COLU
Siam.	outy reagant			July 12-Sept. 5, 1925: Cases, 21;
Clauser				deaths, 6.
M *			1 V	descio, o.
Sierra Leone:	T- 10.01			
Konno district	Dec 16-31	0		
Spain:		381313	-	The state of the s
Madrid	Year 1925			
Malaga	Nov. 29-Dec. 5		2	
Do	Dec. 27-Jan. 2		1	
Valencia	Dec. 20-28	1		
Do	Dec. 27-Jan. 2			the same than the same of the same of
	Jan. 10-16			
Do	Jan. 10-10	9		June 28-Nov. 21, 1925: Cases, 62.
Switzerland				June 20" NOV. 21, 1920. Cubes, 62.
Lucerne	Oct. 1-Nov. 30	8		The second secon
Zurich	Dec. 27-Jan. 2	1		400
Trinidad (West Indies):			1	
Port of Spain	Jan. 22	1		Imported.
Tunisia:		100	- TO 200 PT	Committee of the Commit
Tunis	Nov. 21-30	2		Company of the Compan
Do	Dec. 11-31	10	1	Villa 1995 August Line of the
Do	Jan. 1-20			
	Jan. 1-20	9	********	
Union of South Africa:			100	
Transvaal—	D			
Pretoria district	Dec. 6-12			Outbreaks. In native com-

TYPHUS FEVER

	1	1 2 1 1 1	1
Algeria: AlgiersArgentina:	October-Dec. 20	4	
Rosario	Oct. 13-Dec. 31	2	
Bulgaria	September-Oc-	26 2	1
Sofia	Dec. 25-31	1	
Chile:		1 2 1 1 1 1 1 1 1 1	
Valparaiso	Nov. 29-Jan. 2	2	1
China:			1
Antung.	Nov. 29-Dec. 27	5 1	
Hongkong Manchuria—	Dec. 27-Jan. 2	1	
Harbin	Dec. 17-23	1	
Czechoslovakia	October, 1925	8	1
Egypt:			
Port Said	Nov. 19-25	1	
Finland		-	Octobe

October, 1925: 1 case.

Reports Received from December 26, 1925, to February 19, 1926-Continued

TYPHUS FEVER-Continued

Place	Date	Cases	Deaths	Remarks
P	July-October	4		
France	Oct. 25-31	1	********	The state of the s
Germany	Oct. 25-31			Company of the compan
Greece:	Nov. 1-30	11	9	The second secon
Athens	Nov. 1-30	11		
Ireland:				Commence of the second of the
Cork County-	D 00 Y 1	2		1000000
Cork	Dec. 26-Jan. 1		*******	The state of the s
Do	Jan. 2-8		*******	The second secon
Dumanway	Nov. 14		********	The state of the s
Galway County	Oet. 17	1		
Latvia	October, 1925	2		Contractor October 1007, Com
Lithuania				September-October, 1925: Cases
				9; deaths, 1.
Mexico			*******	July-September, 1925: Deaths
Aguascalientes	Dec. 14-19	7		90.
Durango	Dec. 1-31		. 1	
Do	Jan. 1-31		1	4
Guadalajara	Dec. 8-Jan. 4		3	
Mexico City	Nov. 22-Dec. 26	157		Including municipalities in Fed
Do	Dec. 27-Jan. 23	27		eral District.
Tampico.	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Morocco.	August, 1925	3		
Palestine:	angues, reserves		*********	
Gaza	Dec. 18	1		
	Dec. 1-7	i	********	The same of the sa
JaffaNazareth	Nov. 3-9	î		
Nazareta	Nov. 24-30		*******	
Safad	do	i		
Tel-Aviv			********	
Peru:	0-1-1 1000			
Arequipa Poland	October, 1925	142	16	The state of the s
Poland		142	10	Tules 100%, Comes 24: deaths 0
Rumania				Mar. Lune 1005; Cases, 14; dentile, 9
Russia				July, 1925: Cases, 74; deaths, 9 May-June, 1925: Cases, 10,680 Later than previously pub- lished reports.
	The state of the s		10/01	Later than previously pub
		11		lished reports.
Do				July-August, 1925: Cases, 3,136
Union of South Africa			*******	Oct. 1-31, 1925: Cases, 88; deaths
	The second second	- 0	1501	7 (colored); cases, 7 (European
	Lab by Common Control In 1997			population).
Cape Province	Oct. 1-31	63	5	Colored.
Do	Nov. 8- Dec. 28			Outbreaks,
Middleburg district	Dec. 6-12	1	********	European. On farm.
Natal	Oct. 1-Dec. 5	1		
Orange Free State	Nov. 1-Dec. 5 Nov. 1-Dec. 26	23	1	
Do	Nov. 1-Dec. 26			Outbreaks.
Bethulia district	Dec.,6-12			Do.
Bothaville district	Dec. 1-12	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do	Dec. 13-26		1	Outbreaks.
	r'			· ·
	YELLOV	V FEVE	R	
0-11-0	0	DIAMETER !		
Gold Coast	September	1	1	
Nigeria	August-Septem-	2	1	
	ber.			

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